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# **Incorporating Cross-cultural issues in Psychotherapy: A Relational Framework**

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**(Course: D11231 & Student no: 21855)**

**Doctorate in Psychotherapy  
by Public Works**

**2013**

## **Contents**

Acknowledgments	6
Abstract	7
Preface	9
Timeline	10
Section 1	
Hopes and goals in undertaking a doctorate	11
Section 2	
Research methodology	13
Section 3	
My personal roots and journey into psychotherapy	16
Section 4	
Early theoretical influences, professional achievements and challenges	21
Section 5	
Post-training career phase:	
The first publication and designing the first cross-cultural course	25
Section 6	
Detailed discussion of the public works, demonstrating skills and knowledge developed	28
Section 7	
Evidence of the impact which the public works have made in my organisation and/or professional field	41

Section 8	
Clinical Work	44
Section 9	
The journey to a more relational framework	53
Section 10	
Consultancy and training: Skills learnt from organisation work	57
Section 11	
The wider/political sphere- 'think' tanks and committees	77
Section 12	
Further learning from one-to-one and group work, not explicitly discussed in the public works	82
Section 13	
Long-term/on-going and recent activities	96
Section 14	
Future directions	105
Section 15	
Developing resilience as a practitioner	108
Section 16	
Conclusion	113
 <u>Context statement Appendix 1</u>	
1.1	References 117
1.2	Complete list of published works 122
1.3	Further information on publications 125

1.4	Information on Psychotherapists and Counsellors for Social Responsibility	131
1.5	Examples of cross-cultural therapy objectives and Guidelines	132
1.6	Example of a Course outline (City University)	133

External supporting material - File 1, Appendix 2

Appendix 2.1	Trainings and consultancy offered
Appendix 2.2	Work of RACE Committee
Appendix 2.3	Regent's College work- Specialist Cross-cultural Certificate and other course syllabi
Appendix 2.4	Social Sciences Award
Appendix 2.5	Letters of support
Appendix 2.6	Flyers and Info on the 2 texts (1994 & 2010)
Appendix 2.7	Book reviews
Appendix 2.8	Information on journal articles

External supporting material- File 2, Appendix 3

- Appendix 3.1      MA Thesis
- Appendix 3.2      Texts: Transcultural Counselling and Psychotherapy  
and Culture
- Appendix 3.3      Original texts containing journal articles in  
chronological order

***Acknowledgments***

There are many professionals who have influenced my theoretical framework and clinical direction in the last 20 years and their impact is acknowledged throughout the doctorate. However, if I were to select one, it would have to be Professor Spinelli for being such a wise teacher and supervisor. I learnt two of the most important aspects of my work: when face-to-face with a client not to rely on theory and how to really engage with the other's humanity rather than their difficulties. I would also like to warmly thank my supervisor, Professor Simon Du Plock, for his most helpful guidance throughout the doctorate process. The doctoral study at Metanoia/Middlesex has been an extremely positive experience which will remain with me. I met interesting people along the way and the whole experience provided me with a refreshingly new angle on my work and renewed motivation for future projects. And, as always, I would like to acknowledge how much I value my husband's unfailing support of my work.



**Abstract**

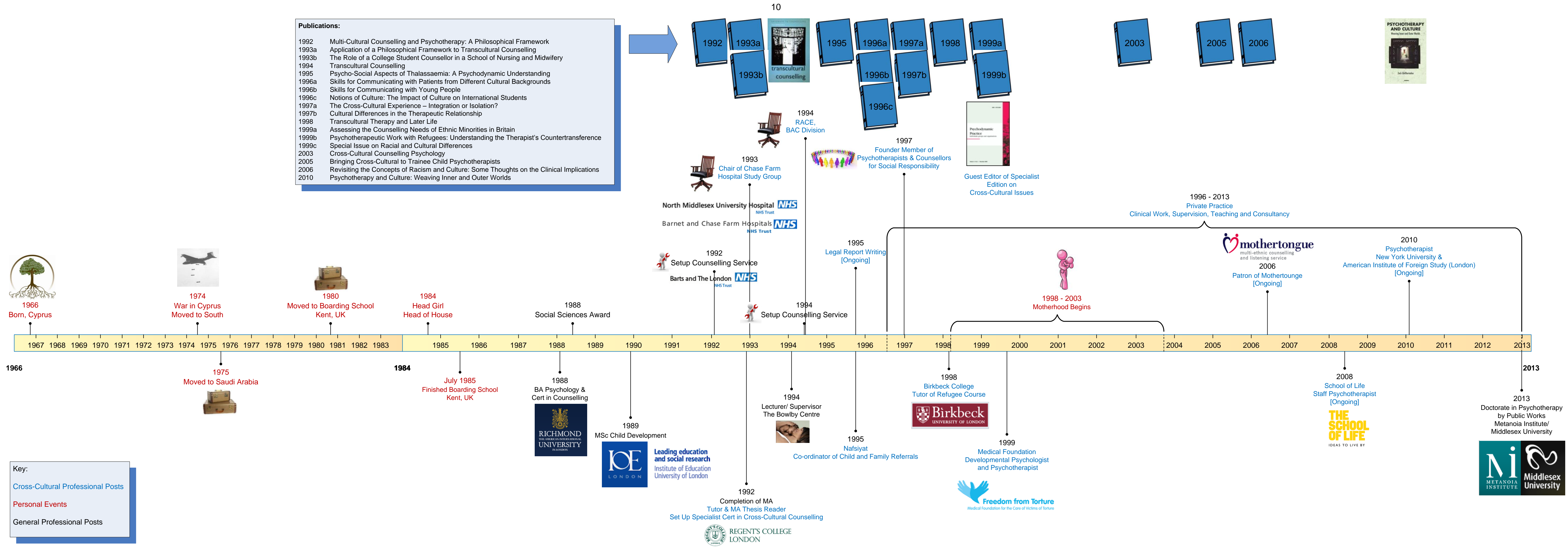
*The purpose of this context statement is to trace my professional journey into the field of cross-cultural psychotherapy over a 20 year period. The personal factors that led me to this particular journey and the way they influenced my professional interests and choices are outlined. Although the context statement is based largely on the two text publications (1994 and 2010), it is important to mention that the latter text contains an updated version of most of my publications with the aim of providing a comprehensive cross-cultural text ‘under one roof’. I summarise the existential/phenomenological theoretical underpinnings discussed in the first text. The second text also has a philosophical underpinning but is largely based on a psychoanalytically informed theoretical base. In later sections, I indicate aspects which I have drawn upon from my publications and training, and how my thinking has evolved towards a relational framework.*

*Furthermore, I identify the most significant professionals from around the world, which have facilitated my professional development, have inspired my career path and those I have collaborated with (teaching, publications and clinical work). During the two decades my learning comes from different and complementary sources: clinical work with children and adults, as well as both support and therapeutic groups. This substantial clinical experience took place through private practice, via different Hospitals, Voluntary and Charity organisations, and years of teaching and supervising child and adult counsellors, psychotherapists and psychologists and through an international*

*network. Additionally, I describe the varied roles I have held on professional committees, including editorial reviewer, internal and external university examiner nationally and internationally, as well as psychological report writing for legal/insurance purposes. All have made a significant contribution to my learning.*

**Preface**

*I wrote my first book, 'Transcultural Counselling' in 1994. The book quickly became a success and was reprinted in the same year but unfortunately shortly after the second batch, the publishing company was wound-up. When I started my doctorate, I needed to find the number of copies sold, so I began following it closely on the 'Amazon' bookselling website. This proved to be the rather a nice surprise as the book was frequently 'out of stock', and when second hand copies appeared on occasion, they were selling at extortionate prices, such as £168 for a single copy (Eg; Feb 2012). It has reached the 'Bestsellers' list many times on Amazon (Eg; Oct 14<sup>th</sup> 2012 when it was ranked number 55 in 'Counselling' books. Since it was first published 18 years ago, it has confirmed to me how important the work is and I hope to republish it in the near future.*



## **Section 1**

### **Hopes and goals in undertaking a doctorate in psychotherapy by public works**

My main aim in undertaking this public works 'audit' is to examine how I have evolved in my work as a cross-cultural psychotherapist. The relevance of the public works is that it infiltrates all my therapeutic work and teaching, supervisory and consultancy work. The publications are primarily the result of my clinical experiences, which stem from wide ranging sources: short and long term individual clinical work, supervisory and experiential family and group work. Of course, it has been a two way process, where the publications have altered and challenged my clinical thinking. The work can be described very much as an 'audit', which has been circulated to peers and provided me with reviews on what was useful for other professionals. Needless to say, my own personal history has played a part in the way I conceptualise the issues and how I relate to my clients.

It has been a profound process undertaking this doctorate as one has to make explicit what has become taken for granted in daily clinical practice and to scrutinise it over time. It is important to critique the underlying beliefs and values and how my thinking has evolved. As a result what has been produced in this doctorate is a more transparent framework. Working as a clinician, supervisor and trainer on such a myriad of different courses (see Section 12) has meant that I have

occupied different roles, which constantly enable me to revise practices and evolve as a therapist.

My overall goals are:

- To identify the 'gaps' in the therapy field (clinical work and literature) and why (personally and professionally) I have focused on BME\* communities for two decades
- To clarify my model(s) of therapy and be more explicit about an 'integrative' model
- To identify the specific influences from the relational group of therapy
- To consider how to communicate these 'refined' ideas to students, supervision or colleagues
- To identify ways I can continue to enrich my clinical skills and theoretical knowledge and future directions of my work

[\*Black, Minority and Ethnic Communities]

## **Section 2**

### **Outlining the qualitative research methodology**

I will be utilising 'reflexive methodology' (Etherington 2004, Bager-Charleson 2010) in order to refine and reframe my theoretical beliefs and distil the clinical elements that I really value and have found to be most effective. By reviewing my work, I hope to be able to view it from a different angle and in so doing, discover what have become my 'taken-for-granted' assumptions (Schon 1983, 1987). Through reconsidering my work, I hope to clarify how my personal experiences have impacted on my professional choices and refine my thinking regarding cross-cultural issues. Unravelling my own issues, especially around cultural factors (such as identity), has been vital for my professional cross-cultural work as it is inevitable that certain buttons will get pressed with a particular issue or client.

In order to understand all the various personal and professional strands, it has been of great benefit to explore:

- Diary recordings of experiences from therapy, including self-analysis
- The narratives which emerge in my clinical work
- Verbatim session recordings which help to explore areas of connection, change and points of 'stuckness' or difficulty
- Revisiting the learning points and feedback from previous consultations/group experiences (from students and colleagues)

- Re-reading of my publications
- Presentations of my work to my supervisor

Through long-term therapy and workshops I have explored how, throughout my life, I have had the experience to varying degrees of being or feeling like the outsider, or being perceived (implicitly or explicitly) to be in the position of the outsider. My experiences of being displaced from my place of origin, being perceived as the 'refugee', and then moving to different schools (where people could hardly pronounce my name, had not heard of my country of origin and where I had to master the language and culture quickly) have made me feel passionate about issues of dislocation in my work with cross-cultural clients, as well as with clients generally who have felt alienated from their families and communities.

It has become important to me personally to put these experiences of attachment and loss, cultural mourning, the migration experience into a professional setting. As therapists, we need to find creative ways to understand identity through the *whole person within their cultural context*. I have written about this (see 1999 publication) in reference to the 'spiral', depicting our relationship to our culture and race and how it fluctuates at different phases of our lives. The most salient issue to get across is that even when the spiral is stretched it *still* embodies a connection with our history that is informative and necessary in therapeutic work. However, what often occurs (such as it may too uncomfortable to address or colour-blindness) is that a person is



viewed as being without a context. This is equivalent to holding a two-dimensional rather than a three-dimension perspective.

My professional roots have a strong existential/phenomenological foundation. I later moved towards psychoanalysis and I feel I have almost turned 'full circle', to embrace a framework which is best described as integrative and relational (for further discussion, see Section 12). Throughout the doctorate I have found it useful to refine these theoretical strands and distinguish those that I have held onto from those that I no longer abide by. Similarly, there has been reframing of the therapeutic relationship. As I mature as a therapist and as I learn from my own personal experiences, I am more appreciative of the effort required by our clients to obtain change of perspective. Additionally, due to my work with families/parents I am used to having more than one person in the consulting room, which makes me aware of the differing perspectives that contribute to the 'family narrative'. It helps me to appreciate how entrenched a client can be in their own perspective. Similarly, the wider culture is out there somewhere but we all create our unique interpretations of it.

### **Section 3**

#### **My personal roots and journey into the field of psychotherapy**

Over the last 20 years, since my first publication, I have become well known as a senior cross-cultural psychologist and psychotherapist both within the UK and internationally. In this section I will trace my personal roots and what led me to the professional choices and cross-cultural path that I have chosen to follow.

My drive for learning stems from some members of my family who value high achievement for women and a few generations ago successfully challenged cultural value systems. For example, my grandmother was amongst the first women to embark in Higher Education ('The Gymnasium' 1924) in Cyprus. Perhaps because of these role models, I was aware of the powerful gender stereotypes within my cultural upbringing and after exposure to other practices, there was a desire to challenge them.

I can identify clear links between my own cross-cultural experiences and my interest and commitment for having chosen this professional direction. I lived through a war in Cyprus at a young age, which forced our family to flee and move to the South of Cyprus, Saudi Arabia and eventually different parts of the UK. Hence, from a young age I was removed from a familiar cultural context and quickly had to adapt to different socio-cultural contexts. Some of my most profound earlier experiences were as a teenager, moving to a British Boarding School in England, where you literally had to fend for yourself; a time when

there was less consideration about children's psychological needs (compared to nowadays, when many schools have access to onsite counselling services). In my final year, I became 'Head of House' and 'Head of School', both positions of considerable responsibility and leadership. I found myself in the role of negotiating between students and staff and organising events in regular consultation with the Headmaster. Many of my peers had had absent parenting/difficult family experiences so I often found myself in the role of the referee, coach or therapist.

Every cultural move requires a person to redefine themselves, their family/community and re-adjust to an extent. Leaving abruptly from Cyprus as a refugee, moving to such contrasting cultural/religious countries such as Saudi Arabia and then England, have all had a lasting impact. Our context is a defining factor in shaping our identity. When it is abruptly taken away it can feel like nothing is stable, resulting in a state of powerlessness and insecurity. Undoubtedly, these experiences have played a major role in my motivation to find ways of supporting others (especially children/adolescents) and facilitating ways they can develop a meaningful (rather than imposed) psycho-cultural identity. The challenge has been how to utilise my personal experiences and transform them into learning experiences and to inform my clinical work, rather than for them to become blind spots. But although the experience of war, witnessing some elements of post-traumatic stress disorder [PTSD] in those around me and being forced to change social-cultural worlds, all had adverse effects;

however with long-term self-development I have been able to process and reframe it. I feel confident in using my autobiographical journey in facilitating my work with others and hopefully intercept (at least to a degree) 'intergenerational transmission' of future generations experiencing the same level of impact from trauma related experiences (Brothers, 2008). In other words, to free future generations from the burden of trauma experienced by previous generations. It has made me attuned to existential issues of uncertainty, fear of death and alienation which are all profound experiences for refugees and many migrants.

I always 'knew' I would go into the teaching/helping professions. From a young age I had developed antennae for other people's emotional states, perhaps as the result of my own family dynamics and witnessing the separation and trauma of families during the war (preceded by years of political instability). Additionally, supporting others was a strongly held value across all the family generations and I identified with this role. This drive led me as a teenager to volunteer at a local nursery. It was a hugely rewarding experience to witness the rich communication and the development of peer relationships. After this placement, my interest in facilitating learning and creative expression grew and I knew that it was the professional direction I would pursue, especially working with younger people/children.

Once I started my training I remember feeling both excited and ambivalent about beginning the therapeutic journey; after all, I was so used to being the one in the role of supporting others. I accepted a

recommendation from a Greek colleague and went to a British Jungian analyst. I felt comfortable to work with her from the onset. I remained in therapy for three years and I experienced it as a very creative space. It proved to be a huge stepping stone to later personal development. In later years, I became interested further in psychoanalysis and decided to explore the more traditional psychoanalytic model. I embarked into intensive psychoanalytic therapy with a Freudian/Independent psychoanalyst, who was highly recommended by a peer whom I trusted. I gained a tremendous amount from this experience as for the first time I felt I could freely express many of my cross-cultural experiences and conflicts. Although I was not conscious of having chosen someone who also originated from another culture, I have no doubt that it was an underlying reason for selecting her.

Both therapeutic experiences taught me how processing an experience in another language can be freeing. The famous British author, Samuel Beckett, is an example of someone who actively moved away to France from his British home, in order to separate from his mother and find *his voice*. He found expression in French many years before finding comfortable expression in English (Casement 2006). Beckett's story and writings are fascinating to me as I didn't have a choice of therapist when I embarked on my psychotherapy training since there were very few Greek therapists (many of whom I already knew). I welcomed what I experienced as a less emotive interaction with someone who was also culturally displaced but with

enough distance from my own culture. This enabled me to have space for self-expression and subsequently English has become a more 'emotional language' for me.

## **Section 4**

### **Early theoretical influences, professional achievements and challenges**

After finishing school, I had initially applied to train in paediatric nursing and whilst I was waiting to start my training, I became absolutely fascinated by the work of Sigmund Freud and the psychology of emotions. I quickly realised that this was the path I wanted to pursue and I applied for the BA in Psychology course at Richmond, the American International University in London (1985). I chose this particular university as it offered an unusual degree programme, with a wide range of subjects (such as phenomenology and psychoanalysis), in an applied way rather than from a merely theoretical or research basis. An added bonus was that alongside the degree I could undertake a counselling certificate.

After being immersed in the structure of the British boarding school environment it was a welcome change to be in such an international atmosphere. Academically, I feel extremely privileged to have been taught psychology by Professor Ernesto Spinelli and sociology by the Head of the Social Sciences, Dr Peter Leuner. Since my graduation they have both generously facilitated my work (discussed in later sections).

Taking a reflexive stance towards my past I can clearly see how my personal experiences have informed my first placement as a trainee psychologist at Paddington Green Children's Hospital and Child

Psychiatry (1988). There I witnessed children and their families who were referred for mental health issues but within a socio-economically deprived context. Also, Paddington Green was the workplace of the prominent paediatrician and psychoanalyst, Donald Winnicott and I learnt about his work from the team case discussions. His writings have profoundly influenced my work which is evident in many of my publications (see later sections).

At Paddington Green hospital and child guidance, I completed daily observations on infants, toddlers, older children and adolescents. It motivated me to think about ways these families could be best supported and how a visit on the ward by a supportive professional gave them huge relief as they felt 'seen' by another person.

I was deeply touched by the experiences at Paddington Green. In order to help me make sense of them, I completed my BA thesis on the impact of social deprivation, examining existing theories on the causes of deprivation and linking this, and research findings, to the Paddington Green area population. The thesis was also a way of connecting my BA Major in Psychology with my Minor in Sociology, a recurring theme which can be seen throughout all the public works. In 1989, Dr Leuner, who had supervised this project, invited me to devise a (3<sup>rd</sup> year) course on 'Cross-cultural Psychology' at Richmond. This was the point that my formal career in cross-cultural work began.

After the BA degree, in 1989 I went on to complete an MSc in Child Development at the Institute of Education, University of London. The course had equipped me with a good theoretical and research



background in child and adolescent development, and made me realise that I was interested in pursuing training as a therapist. I discovered that I was too young to embark in psychotherapy training without any clinical experience, so I volunteered at the organisation Childline. I undertook their training and worked as a volunteer for nearly 3 years. I learnt an enormous amount about communicating with children in a counselling context. In later years I was asked to participate in the 'buddying programme' for training new volunteers. This was my first taster of being a trainer in counselling and it was rewarding. Once again I found myself in a position of responsibility and I was also one of the few volunteer counsellors to be invited to meet Margaret Thatcher during her visit as Prime Minister (1990).

In 1990, it seemed an obvious choice to apply for the MA 'The Psychology of Therapy and Counselling' at Regent's College since I was interested in expanding my knowledge on phenomenological and existential ideas; I also knew that by then Professor Ernesto Spinelli had joined the faculty there. From my first term, I chose to present material linking cross-cultural work and existential/phenomenological thinking. This was a very exciting opportunity as at the same time, I became involved as the Public Relations Officer in the 'Society for Existential Analysis' (1990-3; See File 1, Appendix 2.1); this led to the opportunity for discussion with Course Director, Emmy van Deurzen. I was thrilled to be taught by her as I had received her book as the recipient of 'The Social Sciences Award' when graduating from Richmond University. I was clear that I would write my MA thesis on

'The Importance of the Existential/Phenomenological Framework to Transcultural Counselling' (see File 2, Appendix 3.1).

## **Section 5**

### **Post-training career phase:**

#### **the first publication & designing the first cross-cultural course**

In the early 1990's, there were hardly any British publications in cross-cultural psychology (and even less in psychotherapy). The consensus from many colleagues was that this was a neglected area. It made me aware of how psychological concepts were so embedded in a Western ethnocentric context. Given my interest in applying existential concepts to cross-cultural work, Emmy van Deurzen and Simon du Plock encouraged me to publish some of my essays (see 1992 & 1993 publications in Appendix 1.2; Original copies in File 2, Appendix 3.4 & 3.5). The publications and numerous discussions at Regent's College resulted in me being invited to contribute to the different courses there (certificate, diploma, BA and MA level courses [see File 1, Appendix 2.1]). Shortly after the MA was completed I submitted it for publication and it was accepted in recognition of the lack of such a text in the UK and became the text 'Transcultural Counselling' in 1994.

With this level of interest in the subject I decided to design a course that would incorporate cross-cultural issues. This was approved by the Course Director, Professor Emmy van Deurzen, who was the first person in psychotherapy to provide me with the platform to develop these ideas further. At that time it was a pioneering course both in England and abroad, and there was such demand that it eventually expanded to become the 'Specialist Certificate in Cross-cultural

Psychotherapy and Counselling' which ran for 8 years (1992-2000; See File1, Appendix 2.3 for course syllabi and detailed course rationale). The aims of the course were to raise awareness and to develop specific therapeutic skills (see Section 6 for more detailed discussion and examples in Appendix 1.5) required in cross-cultural work. It also meant that we had an increase in essays and MA theses being submitted on the subject and since then I have become a thesis reader and an internal/external examiner for a significant number of these. I also introduced other cross-cultural therapists to the faculty in order that there others who could supervise the expanding volume of work. It was exciting to finally create a base for cross-cultural psychotherapy learning within the UK. After publishing the first text, my consultation work increased significantly and I am pleased to have been the first trainer to provide cross-cultural seminars to many British and international mental health organisations (See Section 10). It was certainly an achievement being invited to contribute to such a diverse range of organisations, as well as some of the most traditional psychoanalytic ones, such as the British Association for Psychotherapists, the Tavistock Centre and the Anna Freud Centre. As an example of my work at the Anna Freud Centre, I offered cross-cultural seminars to every training intake between 2003 and 2005, at the beginning and end of their intensive training programme. I was later involved in providing consultancy to the toddler team workers (2007) and to the Teen-Parenting project (discussed in Malberg and Raphael-Leff 2011).

My texts and journal publications demonstrated pioneering thinking in fields which included: Integrative Psychotherapy and Psychoanalytic Psychotherapy. It is significant to mention that I have contributed to the 'Handbook of Counselling Psychology' (see Appendix 1.2), which remains the main text for trainee and qualified counselling psychologists in the UK as well as internationally. Consultation work to therapeutic and training organisations continues to be a large part of my work (see Section 10 for further discussion).

## **Section 6**

### **Detailed discussion of the public works, demonstrating skills and knowledge developed**

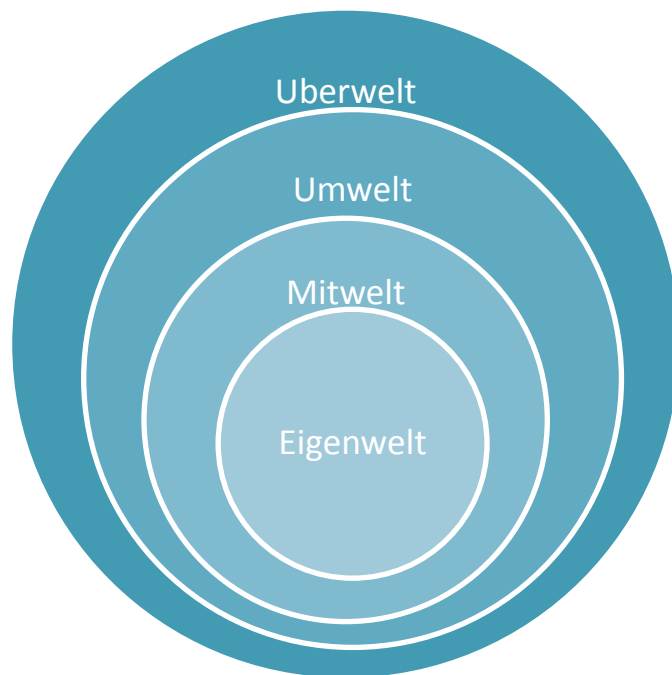
In all of the writing the predominant aim has been that cross-cultural issues (be they on a micro-scale, such as familial culture, or macro-scale, such as the wider socio-political influences) are incorporated in trainings and organisations. I strongly believe that by taking this stance it enriches the therapeutic relationship, creating space for our clients to understand their whole psycho-social identity.

Overall I have published with the following companies: Karnac, Sage, Routledge, Society for Existential Analysis/Regent's College. My writing spans from 1992-2011 (See Appendix 1.2), which provides me with a long period to evaluate how my skills and theoretical knowledge have evolved. The main published works that I will be referring to will be the following texts (although the publications which contributed to the 2010 text will also be discussed):

1. ***Transcultural Counselling*** (1994). London: Central Book Publishing.
2. ***Psychotherapy and Culture: Weaving Inner and Outer Worlds*** (2010). London: Karnac.

The first publication in 1992 was a brief outline of existential and phenomenological ideas useful in cross-cultural work (first introduced in my MA thesis). The publication was well received and in later years Professor Palmer invited me to republish it in the text 'Multicultural Counselling' (2002). These papers were expanded to produce the first book (1994), which follows a predominantly philosophical framework. Although writers such as van Deurzen-Smith (1988) had used existential thinking to consider cross-cultural issues, the book was a pioneering text in the UK as it was the first text which focused on cross-cultural issues.

One of the most profound influences in the 1994 text is the notion of 'worldview', which has four intertwined dimensions (Table 1): the Umwelt, Mitwelt, Eigenwelt and the Uberwelt (Binswanger 1968, van Deurzen-Smith 1988).

**Table 1: Modes of Relating**

These dimensions take us away from the over-emphasis (of western training) on individuality and bring in other influences, such as the socio-cultural dimension which is not often raised in therapeutic work. Table 1 (above) illustrates a map of the common human dimensions. The concentric circles illustrate how these “are interlinked and interrelated. It is not possible to work exclusively in one sphere and neglect all other aspects” (van Deurzen 1988, p. 102). This model lends itself well to cross-cultural work as it examines the internal and external worlds concurrently and what they mean to our clients through the following skills:

- Firstly, the ‘rule of epoche’ or the process of stepping back from our assumptions.



- Secondly, the rule of 'horizontalisation' or viewing all behaviours as having equal significance.
- Thirdly, the 'rule of description', which implies staying in the 'here and now' or the immediate behaviour/emotions being conveyed, rather than the causes or where the person 'should be' or would like to be (see Spinelli 1989 for further discussion, with strong reference to the German philosopher Husserl [1962, 1970] who originally coined these ideas).

Generally, I believe the existential/phenomenological theoretical framework lends itself well to cross-cultural work for the following reason: it emphasises how individuals construct their own unique meanings and identity, even though they may share cultural beliefs with others. Therefore, this way of working incorporates culture but teaches us to strive not to view it as an 'external truth'. The text proposed that any difficulties being experienced are perceived as something to be *understood*, rather than necessarily altered (if at all, and that may be at a later stage of therapy), which was the predominant view in many mental health circles. In addition, by focusing on the client's meaning, it implies we are not under/over-emphasising cultural aspects. Both of these elements, being understood and allowing the significant cultural aspects to emerge, struck a chord with many mental health professionals. I think the book enabled them to feel heard and provided a framework on how to apply this to their clients.

In 1996 I was invited to collaborate with Professor Robert Bor on two publications. These were aimed at supporting medical students communicate more effectively with children and adolescents (which we co-wrote) and cross-cultural clients (which I authored). As a whole, the book has made a highly influential and practical contribution to the medical training field and it was 'Highly Commended' in the 'Medicine' category, BMA Awards 2005. It is frequently found to be in the top 100 bestselling books on the Amazon website (for example April 2012). This was part of a series of projects I was involved with in the 1990's taking cross-cultural issues outside the world of psychotherapy. For example, I was able to present the papers to trainee midwives and nurses at the Royal Free and Whittington Hospitals in subsequent years.

One of the most noteworthy themes within all of my work is how people manage cultural transitions. There is a widely held assumption that the transition into another culture is a smooth and linear process. Of course, this is far from the truth in that it is a non-linear, can be extremely lengthy and an unpredictable process. It is also reliant on how the new sub-cultural systems respond to the newcomers. Many of the existing publications at the time did not differentiate the needs of different migrant groups and gave me the opportunity to produce numerous pioneering publications.

In 1995 I wrote about the 'Psycho-social Aspects of Thalassaemia' as part of my work as a counsellor with the UK Thalassaemia Society. In 1996 I took part in a conference arranged by UKCOSA (UK Council for

International Education) on international students, held in London and Edinburgh. I feel privileged to have been invited to present alongside Colin Lago, Professor Paul Pedersen and Professor Marvin Westwood and I am thrilled that all the conference papers resulted in a publication. I continued thinking about international students by contributing the 1997 paper 'The cross-cultural experience- Integration or isolation?' as part of a book on existential case studies, edited by Professor Simon du Plock. This was an opportunity to use existential ideas alongside attachment theory in considering the needs of young clients. In 1997 I was invited to contribute a paper by Ian Horton (we had a link as I served as an external examiner for the University of East London, Counselling Department) entitled 'Cultural Differences in the Therapeutic Relationship' which tackled another relatively new topic in Britain at the time. As therapists we have much more cross-cultural awareness nowadays, compared to when I first wrote the chapter, but there is still some way to progress and therefore I included an updated version of the chapter in the 2010 text.

The psychological needs of the elderly are outlined in a paper entitled 'Transcultural Therapy and Later life' (1998), after an invitation from Professor Ray Woolfe to contribute to 'The Journal of Social Work Practice'. We worked together again in 2003 when I was honoured to contribute the paper 'Cross-cultural Counselling Psychology' for the 'Handbook of Counselling Psychology' 2003, alongside many distinguished colleagues, notably Professor Stephen Palmer and Professor Ernesto Spinelli.

In 1999, I published 'Assessing the Needs of Ethnic Minorities in Britain. This came via an invitation from Professor Stephen Palmer and the Cross-cultural Psychologist, Pittu Laungani. In the same year (1999), being already a member of the Editorial Board of the journal 'Psychodynamic Counselling', my colleagues and I felt it was timely to edit a specialist issue on cross-cultural issues (1999c). It provided me with the opportunity to invite a group of professionals to write about some exceptionally creative work taking place at the time. For example, Professor Alessandra Lemma wrote about her experiences of clinical psychology training in Bangladesh and Camila Batmanghelidjh wrote about her pioneering work with adolescents in inner city schools. My own contribution, 'Psychotherapeutic work with refugees: Understanding the therapist's countertransference', was a result of my post at the Medical Foundation. The aim was to recognise the myriad of feelings commonly triggered in refugee/trauma work with the hope of freeing our clients from these powerful (if left unprocessed) reactions. The paper has been widely used (see examples, Appendix 1.3).

By 2003 I had been teaching child psychotherapy trainees for over a decade and I was asked to reflect on my experiences in an article for 'The Bulletin of Child Psychotherapists'. Once again it was new to include material on cross-cultural work in this publication and I was delighted to contribute. In 2006 I was invited by Kate White to take part in The Bowlby Memorial conference (see Section 13.1; also File 1,

Appendix 2.1) and this resulted in another publication, an account of cross-cultural therapeutic work with a mixed race child.

The second text (2010) builds on my previous publications, which are expanded and brought up to date. It describes the multifaceted concepts of culture and race, and outlines their contributing role towards identity formation. All of these concepts have been discussed in both of my books, in order to highlight their complexity; therefore it is paramount to understand our clients' unique meanings. Furthermore, the text builds on the potential verbal and non-verbal barriers; these were already introduced in the 1994 text and addressed further in the 1999 and 2003 publications. The 2010 text explores further the minutiae of the therapeutic relationship right from the first contact, the assessment meeting and the dynamics of on-going work. The concepts of transference and countertransference are described in great detail. These were first introduced in the first text and developed more in the 1997a, 1997b and later in the 1999 publication which refers to refugee work.

The 2010 book utilises case material to illustrate the 'weaving' or interconnectedness of our clients' 'inner' (the most private aspect or 'personhood') and 'outer' world (the socially lived experience). If we strive to view clients within their context(s) they will be supported to view themselves in a more cohesive way too. If cross-cultural issues are to be addressed properly they have to be viewed as part of the whole therapeutic process, and understood as they manifest in different ways throughout. Both texts have challenged the commonly

reported finding that ethnic minority clients leave prematurely or do not engage in mainstream therapy.

In the 2010 text, the theoretical concepts are drawn more from a psychodynamic framework (which is uncommon in the cross-cultural field). However, the philosophical underpinning of the therapeutic relationship and therapist's attitude remains as an undercurrent throughout. The two schools of thought, existential and psychoanalytic, being considered alongside often creates a tension but having studied them in this way from the beginning I believe they can complement each other. In applied terms, this connotes that it is significant that clients find meaning for themselves (existential thinking), whilst, at times, clients may need more support and possibly the (tentative) offer of an 'interpretation' (psychodynamic thinking).

The challenge of the book was how to refer to theories rather than to be dependent on them, which I strongly believe becomes restrictive to the therapeutic relationship. Also, many ideas require adaptation because they are embedded in an ethnocentric western context. In the 2010 text I have extended some of Winnicott's concepts to cross-cultural work (such as 'mirroring' and 'transitional space'). His work is full of paradoxes (this idea is also in line with philosophical thinking that life is full of paradoxes and dilemmas), outlining the clinical position that one is an observer and a participant *at the same time*. This implies that the therapist has to strike a delicate balance, to be emotionally involved and also to retain some distance in order to continue to have 'thinking space'. I think the way that Winnicott defines

the interplay between the inner and outer has greatly influenced the whole of my text. His ideas on the transitional object or creating the 'potential space' are pertinent to cross-cultural work and therapy generally.

Through teaching the Winnicott seminars at The Arbours Association and being a member of the Squiggle Foundation, I have re-visited his writings and it makes me more appreciative of the work. For example, his concept of the true/false self has great relevance to cross-cultural clients and their search for racial/cultural identity (expanded by Thomas 1995). The false self can be described as the way people protect their true self in social situations and in unhealthy development, the false self takes over. As a result of my personal experiences in the various psychology and psychotherapy trainings and clinical placements, I have witnessed how those from other cultures become caught between these, not knowing how, or feeling unsafe, to express even a version of their 'true' self and relying more on a portrayal of a false self for psychic and social survival. For ethnic minority groups it may be protective but the danger is that they become so over-identified with it that they lose sense of their true self. I would like to extend this to cross-cultural work in thinking about how clients who have not developed firm cultural and racial identities can function more under their false self, rather than being free to express aspects of their true cultural self. Similarly I think the ideas about mirroring, what one sees and how one is seen, are fundamental to healthy development.

In the 2010 text the themes of the social context and experience of migration are expanded further, including the conscious and unconscious motives for emigration. It has been noted by many researchers and clinicians that migration can intensify mental health issues and it is crucial that all mental health professionals take this into account (Berry et.al. 1992). However it is vital to add that forced migration due to war or political violence is a specialised area; therapists need to understand the nature of trauma, how issues of disclosure and trust are extremely delicate and the therapeutic work has a different rhythm and dynamics to other types of clinical work.

Another area developed further in the 2010 text is the concept of the 'self', which was influenced by the ideas in 'Culture and Identity' (Thomas and Scharzbaum 2006). During my interview at Metanoia, a poignant question raised by Professor Barber was how the different selves can have 'conversation' or become integrated, which is an exercise that really lends itself to cross-cultural work. As my own personal experience grows, through the process of owning and disowning certain historical, cultural, familial and gender aspects, I believe it is more accurate to think about many relationships operating at once. A good example of this is the case study of 'Alessandro' (Book 2, Ch. 6: 75-9), in which he was exploring his identity using the therapeutic space/relationship (which I experienced powerfully).

Although all the publications aimed to raise awareness of cross-cultural/racial issues, the 1997b (see Appendix 1.5 for examples of guidelines from this publication), 1999, 2003 and 2010 works identify



the necessary clinical skills in more depth, which are summarised below:

***Some key cross-cultural therapeutic aims for developing competency skills***

- To feel comfortable to address cultural issues, including the client's racial and cultural roots. To learn about their clients' socio-political lives from the therapeutic material, as it emerges naturally in the course of the therapy (rather than questioning clients in an inappropriate or intellectual manner; see Eleftheriadou, 1999, Appendix 1.2).
- To view the client as a whole, within their socio-cultural context (including their sub-cultures, be it gender/sexuality, amongst many others).
- To identify and address the cultural/racial transference and countertransference and how it evolves in the course of therapy.
- To enable the client to understand their emotional life alongside their social needs, expectations and socio-political pressures.
- To become familiar with academic and research literature variations across cultures; for example child rearing across cultures.
- An important part of raising awareness is to become familiar with cross-cultural (fiction and non-fiction) literature and other forms of media. Additionally, to become alert to daily socio-cultural

events and the way these are 'processed' by our clients. This is aimed at understanding why, how and when clients may bring socio-political material into the therapy.

- To experience in-depth supervision of cross-cultural issues from senior therapists who value and understand the complexities.

## **Section 7**

### **Evidence of the impact which the public works has made in my organisation and/or professional field**

All the publications (see Appendix 1.2; originals in File 2) have had a large impact in the applied and training fields where they are now well known. The first book was a challenge to the therapy field as at the time there was almost no published writing on these issues in the UK. In the first two years, it sold the most copies (366), out of the six texts in the 'Gateways to Counselling' series, accounting for 42% of their overall series' sales. It has reached 'Amazon's Bestselling list' in the area of Counselling, numerous times. It remains a standard text in numerous trainings (such as The Tavistock Clinic, School of Psychotherapy and Counselling, Regent's College). It was reprinted once and because the publishing company was wound-up, no further copies were printed. This has resulted in second hand copies always being sought after even after 16 years after publication. The available copies are often limited and the price ranges from £58.00 to £167.98 (latter amount was on January 16<sup>th</sup> 2012, for second-hand copies). The book penetrated the counselling, psychotherapy and psychology field quickly and it sold internationally, in many countries, such as: America (including Hawaii), Canada, European countries such as Germany, Italy, Scandinavia, Australia and New Zealand, Africa (Kenya), Japan. This text is currently stocked in many universities and libraries (see Appendix 1.3 for detailed information) and continues to

be an influential text. Furthermore, in the mid-1990's The Royal Institute for the Blind requested my permission to convert it into audio form. The book is cited in most cross-cultural texts and many journals (see Appendix 1.3).

The 2010 text has been selling internationally (213 hard copies to date and 31 via e-book editions, including 'Kindle'), in the following countries: North America (Including Hawaii), Canada, South America, Germany, Italy, France, Netherlands, Scandinavia (Norway, Sweden, Denmark), Australia and New Zealand, Africa (Kenya), Japan, India and South Africa. It is stocked in many libraries around the world (see Appendix 1.3).

Although there are more therapists from diverse backgrounds going into training, and even those who are qualified are more vocal and the publications in Britain have increased, there is still lack of understanding of their powerful impact. The 2010 text was written 16 years later and regrettably there are still relatively few publications of its kind in the British context. We are still reliant on clinical vignettes and annual reports from specialist cross-cultural centres. We do not have adequate clinical accounts and research information (with a clear break down of cultural and racial statistics) of the British context. If therapists have a clear picture of demographics in counselling, psychotherapy and psychiatry it would be an effective way of raising awareness; for example, how many clients from BME backgrounds are psychiatrically diagnosed or how many enter or leave prematurely from therapy compared to the rest of the white, majority or ethnic

population. Unfortunately, there is still both intentional and unintentional denial on the magnitude of the issues.

Although my own publications and consultancy work have filtered into many organisations, I believe that there are still much training which only mentions cross-cultural issues, maintaining the misconception that (as it stands) that psychotherapy training enables them to work with all issues/populations. It is still common that the issues are grouped together under the wide umbrella of 'diversity' which further dilutes their impact. Moreover current financial cuts have axed much of the consultancy as these issues are not considered a priority.

In summary, when I explore how my work has evolved I notice that although not explicitly, I follow a psychoanalytic, existential/phenomenological stance and overall a social constructivist, post-modernist stance. However, it is paramount to mention that the general post-modernist stance, which allows for many truths, must leave room for us to recognise that there are events, such as war, human rights abuses, ethnocentrism and racism dynamics which have to be acknowledged if we are to do any justice to our clients' rich histories. In conclusion, the aim of psychotherapy is to support the client to understand the meaning of their personal world within the wider socio-cultural network. My publications emphasise that within any theoretical model we have to work hard to examine the cross-cultural strands and not to reduce culture to a minor factor. If we omit the cultural space, we are limiting our clients from a more holistic type of exploration and sense of self and context experience.

## **Section 8**

### **Clinical Work**

#### ***8.1 Setting up NHS counselling services: Developing individual and group work skills in the context of organisational dynamics***

There have been other professional challenges, such as my first NHS post where I was given the responsibility of setting up a student counselling service (North Middlesex & Chase Farm Hospitals, 1992-1996; see publication 1993, in File 2; Appendix 3.3) in a rather racially and culturally mixed area. Although I was working with the students rather than directly with the hospital patients, the area attracted a very multi-cultural student nurse group and racial and cultural issues filtered into our counselling sessions.

Using my experience at the North Middlesex Hospital, I later applied (1994) for a more challenging position, to set up a counselling service for all the medical and non-medical staff of The Royal London Hospital (which specialises in trauma healthcare services), located in the East End of London (which has a rich history steeped with immigrant populations, poverty and crime). In both NHS posts my learning curve was extremely steep, involving one-to-one counselling, group work and trauma debriefing. I learnt the following: ways to publicise the service to all the medical and non-medical staff, how to liaise effectively with the prime referrers (senior medical staff, ward

managers/sisters and the Occupational Health Department) and how to maintain the professional boundaries. Furthermore, and perhaps most importantly, I learnt that I couldn't remain in my office and wait for clients to make contact but that it was necessary to adapt to the setting. My role there can be described more as a pro-active 'community psychotherapist', which varied depending on which client group or ward we were working with; for example, at the Royal London my colleague and I found that the Helicopter team doctors were always too busy (and understandably 'defended' in their work setting) to be seen seeking any kind of support or therapy, so we visited them on a regular basis and provided what turned out to be regular debriefing on the Helipad. This worked well and many difficult experiences were shared amongst the medical team. Debriefing and treatment of trauma related work continues to be a significant part of my work and is discussed in the next sections.

## **8.2 Cross-cultural posts:**

### **NAFSIYAT, The Medical Foundation and The UK Thallasaemia Society**

In 1995, I was delighted to enrol on one of the first cross-cultural workshops, facilitated by the founder of The Intercultural Therapy organisation, NAFSIYAT, Jafar Kareem. Jafar was a charismatic and innovative psychotherapist who founded Nafsiyat in 1993, in order to

reach black and ethnic minority groups which had been thought as not requiring therapy or 'unreachable' because of their different racial/cultural needs. I felt honoured to have been invited to work at Nafsiyat but sadly by the time I formally joined Jafar had passed away. This was a significant loss to our psychotherapy profession and even more for the cross-cultural field. However, a new Director was appointed, Lennox Thomas who I worked alongside and continues to be a most valued colleague. I learnt an enormous amount from him, especially with regard to his integration of psychodynamic, family systems and cross-cultural perspectives.

When I joined Nafsiyat, it was mainly Lennox who was working with children and adolescents but seeing my interest in working with kids I ended up taking on many child and family cases, often alongside him. Our referral numbers were fast increasing and required closer management so I was soon appointed as the 'Co-ordinator of the Child and Family referrals'. I was involved in making initial contact with referrers/clients, assessment/report writing and working with many of them on a long-term basis. Most referrals consisted of children who required multiple levels of intervention alongside the therapy, such as educational, social services support, and creating links with community groups.

Alongside my post at Nafsiyat, a colleague contacted me and wanted to put me in touch with 'The UK Thalassaemia Society'. We made contact and subsequently they asked me to become their counsellor and to give talks (for example at the annual conference in Leicester,



1995) about the role of counselling with this client group. The experiences were moving and I reflected on them through a journal paper (see Eleftheriadou 1995). Most of the clients were adolescents who challenged time boundaries and a significant number resisted medical treatment so I had to find creative ways to engage with them. The work also challenged my western training ideas as they would turn up to meetings with family members and friends and I had to consider how to work with them. There was often denial from family and community that they were suffering from Thalassaemia or Sickle Cell Anaemia and for many counselling had to be secretive, so the issue of trust and shame were extremely poignant in our work.

The clients were from predominantly Asian and Greek-Cypriot backgrounds, many from close-knit migrant families. The reactions towards me were interesting, especially from the Cypriot group; often there were expectations that I was part of the Cypriot community and therefore questions about confidentiality were common (and of course they wanted to know who I knew within the Cypriot community). For those who viewed me as having become 'anglicised' it provided them with some freedom to speak outside the bounds of culture and family which brought great relief. Of course, for others it meant that I was viewed as the 'outsider', who couldn't possibly understand their culture or even the whole culture around Thalassaemia and their illness/treatment process.

In 1997, during 'Refugee Week', The Medical Foundation held an event and invited Nafisyat staff. There I met Sheila Melzak, the Head

of the 'Unaccompanied Children's Team' who was aware of my role at Nafsiyat, my publications and my refugee background. Therefore she thought I had much to offer her team and the clients. In 1999 she invited me to join them as a developmental psychologist and psychotherapist. There I learnt a great deal about trauma (through the writings of Herman 1992 and Van der Veer 1998 who were regularly discussed) and witnessed how children's development can become 'frozen'. I worked with infants, children and adolescents, providing both short-term and long-term work. I learnt a great deal working alongside different clinicians and psychiatrists and gained a tremendous amount from my interactions with the family therapists; this was for two reasons:

- I was impressed with their **multicultural lens** and ability to take on board how our own cultural upbringing influences our therapeutic stance (McGoldrick 1998, Falicov 1998)
- their recognition of **plurality**; that there are diverse family units with tremendous variation in values, expectations, hopes for the next generation, gendered informed beliefs, acceptable social exchanges and practices (Gorell Barnes 2004, Flaskas et.al. 2005).

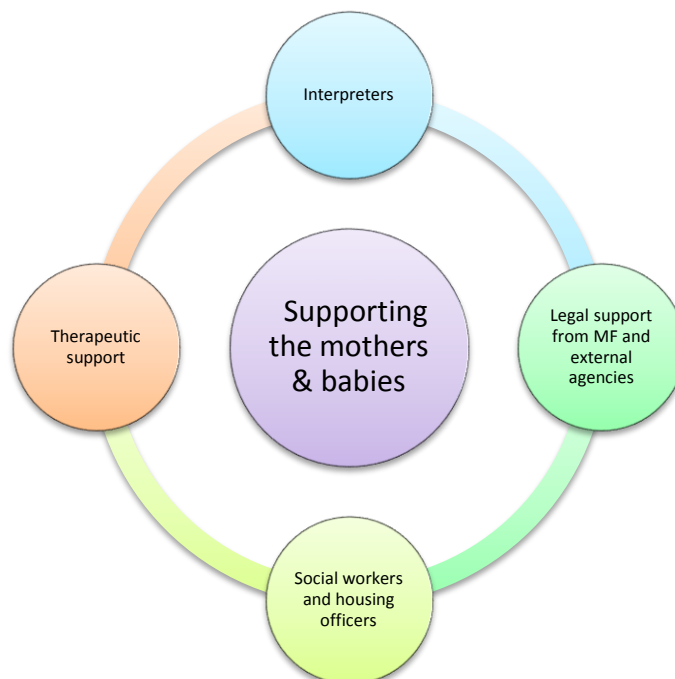
In terms of psychoanalytic thinking, I learnt a great deal about Anna Freud's work which was helpful, especially in later years when I became involved in consultancy work at the Anna Freud Centre (see Malberg and Raphael-Leff 2011). Her writings remind us to think about how development occurs in a constant, predictable and loving family

environment, and helps to differentiate difficult/chaotic attachment patterns rather than viewing all clients as 'pathological'. This perspective is crucial to get across when thinking about refugee clients who may exhibit 'appropriate' emotions, considering they have experienced extremely abnormal situations. Anna Freud's initial training and profession began in early education and then subsequently she became a therapist, which is why her writings always convey the importance of knowing about the 'normal range' (and this is of course infinite and culturally defined) of behaviour of a child versus those who have undergone emotional neglect or trauma. With this thinking in mind, a colleague and I set up a group for mothers and infants at The Medical Foundation, which run for one year (2002-3). Table 2 (below) illustrates how the therapeutic work was part of a bigger picture, alongside interpreters and social workers. The different aspects will be described in detail and how they came together to support the mothers.

Our clients consisted of single mothers and their babies/toddlers. They had fled from their countries of origin as a result of trauma and persecution and had given birth to their babies in the UK without any family or community support. The common strand was that they were isolated and had been referred by external agencies, such as social workers or housing officers. We identified appropriate interpreters who proved to be invaluable not only for basic translating but also because they were older women they provided experience as well as cultural understanding. It was interesting to see how they became the

‘grandmotherly’ figures for the mothers and babies; for example, some mothers met with the interpreters and travelled with them to our premises which made travel in a new country possible. The interpreters cared deeply for these women and so we had to make sure they also had the opportunity to debrief after each session. We had regular contact also with the wider support services (e.g. social services) for each mother and baby dyad and encouraged contact with their local network (be it a playgroup, nursery, religious or cultural group that *they* felt would be meaningful).

**Table 2: The mother and baby group and their network**



Whilst working as therapists we remained acutely aware that we were required to step into aspects of a social work role, such as to write

letters of support for housing or to the home office. It was of paramount importance for us to facilitate a supportive network for them and that the various professionals were in regular contact. In addition to learning about the development of babies coming into the world in such traumatic circumstances, I valued working alongside the music therapist, Claire Flower. We set aside a great deal of time for considering our weekly observations of the group dynamics (the mother and baby pairs, the mothers' way of relating to each other and their interpreters) before and after each session. We familiarised ourselves with each other's way of working and we consciously decided to take on slightly different roles, in which my colleague positioned herself with the infants and toddlers in the middle of the room and I sat in the same circle as the mothers. Each interpreter would sit slightly outside the circle, near the mother they were interpreting for.

It was an experience that has remained with me ever since because despite such a traumatic start in life, there was dramatic emotional change through the group experience. At times, we had to hold on to some hope (through much re-framing) and over time this was hope was held by the mothers themselves as they began to support each other. The group taught me how to tune in to all the subtle non-verbal signals; communicated via gestures, their gazes to each other and their general body language. Undeniably, the most rewarding aspect of the work was observing how therapeutic support facilitates children to

reach appropriate developmental stages and resume age-related psycho-social exploration and learning.

## **Section 9**

### **The journey to a more relational framework**

Like my cross-cultural upbringing, I have always belonged to different professional and theoretical organisations and have supported a pluralistic approach to therapy. When I became a mother, it was the first time I took time away from work to raise my children. It was time to re-think my general professional direction and how to continue some activities alongside the demands of motherhood. Around the same time, Dr Catriona Hood, my supervisor of more than a decade retired and shortly after died, which was a huge loss. She cared deeply for her clients and students and provided me with rich learning, stemming from the independent school of psychoanalysis.

I was keen to find a 'professional home' again (perhaps linked to how with the new role of parenthood a sense of rootedness and belongingness become rather poignant) and I eventually decided to join a psychoanalytic supervisory/training group. It was described as 'psychoanalytic' but I soon realised it was heavily informed by Kleinian theory. I welcomed the experience of the 'other camp' as I had worked with supervisors who strongly adhered to the independent school of thought. Not dissimilar to cultural/racial aggression and hierarchies, I encountered arrogance regarding the Kleinian way of working. My choice of supervisor (independent) was rejected and I was asked to work with a rather strict Kleinian, who promoted the pivotal aspect of therapy as the transference interpretation. I have always believed that

'interpretations' (in the most traditional, psychoanalytic sense) were not always needed and not all the clients' narrative and communications referred to the therapist. Although, I believe that Klein has contributed certain significant concepts to our understanding of early experiences and their impact on later adulthood relationships, I have never adhered to her rather bleak view of infants. The experience with this supervision group felt like entering a different culture, with its own language and unconscious agendas. From a young age in my career I was used to mobilising change through negotiation and dialogue but in this particular group this was heavily discouraged. It was my first encounter with psychoanalytic dogma and it went against all my beliefs regarding the significance of pluralism. I made attempts to raise cross-cultural issues related to the client case material but this was quickly interpreted as to do with the client's relationship to the therapist and reaction to the therapy rather than having any connection to *real* cultural issues. It made me feel like I was speaking a language that no one could comprehend.

At the time, I actively made contact with long-term trusted colleagues and this was helpful for two reasons: Firstly, it put me in touch all with my long-term efforts to raise the profile of cross-cultural issues and made me more determined to continue writing and refining training issues. Secondly, I was reminded that not all psychoanalytic groups function like that supervision group. After all, I had had a positive experience working at the Tavistock Centre and Birkbeck College (University of London), teaching alongside colleagues who identified



themselves as Kleinian but nevertheless remained respectful of other ways of working. I wondered whether the fact that many of these colleagues originated from mixed cultures made them more able to tolerate different realities.

Although this experience was deeply frustrating and disappointing at the time, it put me in touch personally with what many of my clients/students have experienced within strictly rigid frameworks, where their socio-cultural backgrounds are not recognised, minimised or even pathologised. The experience has strengthened my belief that psychoanalysis has to become contemporary and consider cross-cultural issues, in order to survive and to support all of our clients to have a better quality of life. For example, in the work of trauma the concept of the blank state of the therapist is not only discarded but Brothers (Confer talk on trauma, London, Feb 29<sup>th</sup> 2012) has emphasised the significance of openly demonstrating empathy to our clients.

The search for a more comfortable professional home led me to 'The International Association of Relational Psychoanalysis', where I have been an active member since 2009. The relational school has been of great interest because it is informed by multiple theories, including attachment theory/research and philosophy. Above all, the therapist does not have to be in this 'all knowing position' and it is far more beneficial when clients reach profound insights in their own way and time. In the last 2 years, my work has been greatly supported by Dr Sharon Stekelman. She has extensive theoretical knowledge and has

experience from a range of settings as a psychiatrist and psychoanalyst. Due to these factors and her great capacity to take into account the whole of the client's background she has enabled me to weave the socio-cultural and psychodynamic further.

## **Section 10**

### **Consultancy and training: Skills learnt from organisation work**

As stated earlier, shortly after my first book was published (1994), there was an influx of invitations to provide training and consultancy in many diverse organisations:

#### **List 1**

#### ***Organisations where lecturing or consultancy was offered \****

*(Further information can be found in File 1, Appendix 2.1)*

*[\*Unless indicated, the work was aimed at counsellors/psychotherapists working with adults]*

- **Aman Project**, Sheffield (Keynote speaker at their Launch)
- **Association of Student Counsellors**, BACP- talk on cross-cultural issues in relation to student counsellors
- **Blackliners**- provided consultancy and research on the uptake of the service [HIV in the black community) - mental health workers and counsellors

- **British Psychological Society- International conference** (late 90's) for clinical and counselling psychologists
- **Centre for Child Mental Health-** Infant Observation tutor [2003-2007] Child psychotherapy supervisor (work with supervisees continues privately since they have graduated) and Conference speaker on trauma work and how to support staff (2002)
- **Childline** supervisors and staff- 2-day workshop on cross-cultural issues for clinicians and supervisors working with children
- **City Literacy Institute-** introductory session on cross-cultural counselling for trainee counsellors
- **Confer-** presentation on 'The Migration Journey' (File 1, Appendix 2.1)
- **Dewsbury District Hospital**, Dewsbury Health Care NHS Trust- talk regarding mental health issues and ethnic minorities for all mental health professionals; invited by Mike Lee, Co-ordinator of Ethnic Services
- **East Berkshire College-** talk to student counsellors
- **Islington College** (2001)- cross-cultural therapy for trainee counsellors

- **Marylebone Health Centre**- cross-cultural therapy (2001)
- **Mothertongue**, Reading- Patron (since 2006)
- Consultant to the publication: **The National Extension College** (1994) *Counselling Skills Resource Bank*, Cambridge
- **New School of Psychotherapy and Counselling**- Member of validation Panel for new Masters Psychotherapy course (2004)
- **Regent's College**, School of Psychotherapy and Counselling (1992-on-going, See Section 4, p. 21-2 & Section 13.6)
- **Richmond Hospital**- Child Psychotherapy/Psychiatry team (2006) [including trainees)
- **South London Psychotherapy Centre**- Symposium on sexual abuse; discussant to presenters: Valerie Sinason and Christopher Dare (1996)
- The **Anna Freud Centre**- as visiting lecturer on Child Psychoanalysis course (2003-2005), Teen Pregnancy Course (see Malberg and Raphael-Leff, 2011) & Consultant to Nursery Team (2007)

- **The Arbours Association-** teaching of Winnicott and clinical referrals (several times, last time May 2010) to trainee psychotherapists
- The **BBC** (Woman's Hour)- 5 talks, including an interview on general cross-cultural counselling, migration and adjustment into a new culture, eating disorders and family issues (see letter of support from Lennox Thomas regarding this- File 1, Appendix 2.5)
- **The Bowlby Centre-** training therapist, supervisor, trainer on cross-cultural issues and child development courses
- **The British Association for Counselling-** Conference talk on cross-cultural issues
- **The British Association for Psychotherapists-** first trainer to introduce cross-cultural issues in psychotherapy, invited to teach 3 sessions to child psychotherapists on general cross-cultural issues and refugee issues
- **The Communication and Counselling Foundation-** talk on cross-cultural counselling
- **The Hackney Bereavement Centre-** AGM talk on the importance of cross-cultural therapy (1996)

- **The Healing Centre** (1995)- talk on cross-cultural counselling
- **The Institute of Family Therapy**- talk on refugee children's psycho-social needs
- **The Parent-Infant Clinic**- as therapist and lecturer to trainees and professionals, chair of conference panels (since 1995)
- **The Royal College of Midwives**- conference presentation on supporting the midwives (as part of North Middlesex work 1992-1994 and guest presenter subsequently until 1998)- for midwives
- **The Site for Contemporary Psychoanalysis**- presentation of refugee/trauma work (2002)
- **The Tavistock Centre**- Visiting lecturer; Refugee Course and Black & Minority Ethnic Children course, CAMHS
- **The Whittington Hospital**- Nursing & Midwifery Department- conference presentations on supporting midwives, cross-cultural issues
- **Thornhill Day Hospital**- Cross-cultural issues
- **UK Council for International Student Affairs** (UKCOSA) – conference and publication (see publication 1996)

- **Unilever** Company, North & South branch- consultancy (see magazine article, File 1, Appendix 2.1); non-clinical population
- **Validium**, Employee Assistance Programme- referrals (on-going)
- **West Kent NHS and Social Care Trust** (Sept 2005)
- **Westminster Pastoral Foundation**- consultancy (2000)
- **Women and Medical Practice** - Honourary Advisory Panel (1994)

## **List 2**

### ***Universities of organisations where lecturing or consultancy was offered***

*[\*Unless indicated, the work was aimed at counsellors or psychotherapists working with adults]*

- **City** (Counselling Psychology)- teaching child development, cross-cultural psychology and counselling (see Appendix 1.6) numerous times, supervision and therapy for counselling psychology students
- **DeMontford** – consultancy on working with international students (1998)



- **Derby** – consultancy on cross-cultural issues; psychotherapists and psychologists
- **Hertfordshire** (Student Counselling) – consultancy with staff and supervisors on cross-cultural therapy/international students
- **Goldsmiths' College** (Psychodynamic Counselling)- guest teaching and past external examiner
- **Oxford Brookes** – Consultancy on cross-cultural counselling issues
- **New York University** (London) – clinical referrals (on-going)
- **London Guildhall** (Counselling Psychology) - teaching on potential barriers in cross-cultural counselling and psychology
- **Leicester** (Counselling/psychotherapy) Consultancy on cross-cultural issues and mental health in Department of Adult Education
- **London Metropolitan** (Counselling Psychology) - teaching on potential barriers in cross-cultural counselling and psychology
- **Middlesex**- talk on psychoanalysis and cross-cultural work (Psychoanalysis/Lacanian Department, invitation by Bernard Bergoyne). Also part of External validating committee (1995)
- **Richmond** (The American International University)- as a trainee psychotherapist (volunteer) I started a student counselling service (as part of clinical requirement for Regent's College MA course (1990-1). Also, in 1996, presented at their conference on cross-cultural counselling

- **Skidmore** (NY, USA) - teaching (London based) students cross-cultural psychology
- **Surrey**, Counselling Psychology Department, PhD course-teaching on cross-cultural counselling issues; started in 1995 (guest lecturer for 6 cohorts)
- **Syracuse**, London (Psychology)- guest on Women's Panel (2002, 2004) guest lecturer (2006) [trainees] and clinical work (students)
- **University College London**, Social Anthropology Department-MSc course, teaching on cross-cultural issues, infant observation and the work of Anna Freud [trainee psychotherapists]

As listed above, I have held external examiner posts at the following organisations: University of East London and Goldsmith's College. I have been invited to be External course validation assessor at Middlesex University (1995) for the joint Middlesex University/Metanoia masters courses [part of accreditation board for new masters (MSc in Transactional Analysis, MSc in Gestalt Psychotherapy and MSc in Integrative Psychotherapy) and for the MA course at the New School of Psychotherapy and Counselling. I am regularly asked to comment on documents; for example 'The Transcultural Child Psychotherapy Project', by the Child Psychotherapy Trust (invited by the ex-Director, Louise Parkhurst; See File 1, Appendix 2.1) and by Tim Burton to provide consultancy (1994)

regarding The National Extension College's Equal Opportunities Training (See File 1, Appendix 2.1).

The early 1990's was a time when these issues were not explored on psychology or psychotherapy trainings; there was some literature emerging from psychology but considerably less in psychotherapy. Within the discipline of psychology there had been attempts to understand the world of different racial and cultural groups. However, this was not examined within a case study framework or by taking an in-depth view of the journey of an individual/family finding meaning (and examining their identity) across cultures or in relation to other racial groupings. Being invited to contribute to the 'Handbook of Counselling Psychology' (see Eleftheriadou 2003) placed my work firmly within the field of psychology.

Similarly in psychology, there was almost no therapeutic literature as it was thought that Black and Minority Ethnic (BME) communities needed something different. There wasn't any research to give us an indication of the clients' cultural or racial backgrounds using the service (for an in-depth discussion of these factors see the 2010 text). A disproportionate number were being diverted into the psychiatric services, which only a handful of ethnic minority therapists, such as Jafar Kareem, dared to challenge. I am aware that in the most of the trainings I attended, I was the first trainer to devise a talk or workshop programme, so I had to tread carefully as the material was new and unexplored. I had to tease out the issues but also be creative about how they were introduced so trainees would really engage with them;

slowly and in a way that they could reflect and digest the ideas. 'Too much and too quickly' was not the way to proceed but many 'politically correct' trainings had taken this stance and many professionals had been put off or became hugely defensive.

Also, it is important to put the work in context, in that in the 1990's there was a considerably less varied racial/cultural mix in terms of clinical staff and trainees, so I was clear that it was not helpful for the group or my own mental health to be seen as the one representing *all the difference*. However, the paradox was that my professional 'tool-kit' consisted of the following: my personal experiences and the academic and research knowledge emerging from the USA (such as the writings of Paul Pedersen, 1997, and Sue and Sue, 1990). These were invaluable and I utilised many of their exercises, especially those based on case studies. This was useful as some training groups did not have (as was more of the case back then than nowadays) clients from other cultures. However, I was also more than aware that the American experience had to be adapted to the British context, which I was alerted to after lecturing to different psychology student groups. It became clear to me that the requirements of my American students were dramatically different to those in the British setting. Although the difference initially surprised me, it made me realise that each new group had its own values and I had to adapt each particular ethnic group; for example, when introducing emotional/psychological elements, my general experience of American students was that they would recall their experiences with relative ease, whilst within the

British context my students were more private about their experiences and therefore smaller group work was more appropriate. My Asian students (from countries, such as Singapore, Thailand, Japan and Hong Kong) did not share many emotional experiences or concerns until much later into the course, and they usually preferred to do this on a one-to-one basis (therefore I had to allow for more one-to-one tutorials). I do not wish to stereotype any particular cultural group but these dynamics alerted me to the different styles of communication and issues of disclosure that obviously have huge implications for learning and the therapeutic process. Since then, this is an element I raise in the training groups. Similarly, I do not assume that usage of loaded words such as 'race' are used internationally (for example, race is commonly used in Britain but with Americans the usage of 'colour' is more frequent).

Frequently on trainings I found myself being their first trainer in cross-cultural work and as such was met with great resistance, often being associated with 'political correctness'. Also, I encountered prejudices from tutors, who had their own (often rather rigid) agendas regarding what would or should be discussed. For example, I remember being invited to give a talk on adolescents across cultures in which I mentioned the state of psychiatry and ethnic minorities at that time. The course tutor told me afterwards that 'this was not relevant and that things had changed in Britain' (around 2000) when clearly this was not the case. At times, it was a lonely business challenging course tutors and being left wondering 'how can they not see this' and 'did I get it all

wrong?'. One had to stand firm against this degree of blindness and denial. The way to survive this and move forward was to have enough evidence to back-up these arguments in order to challenge many of these senior practitioners.

On another occasion, I was invited to give a talk on young children's development across cultures and one of the course tutors asked me to provide specific examples of different cultural practices. Although it is always helpful to bring in specific cultural examples, I remained firm that we had to do it with specific clients/families in mind so we didn't end up focusing on common cultural practices only. I also knew that the time allocated for this workshop was brief and the remit had to be much wider if they were to benefit as clinicians. Therefore, it was essential to leave ample time to address the kind of clients that the trainees were *directly* involved with. I have a natural curiosity and interest in other cultures and how they create (emotional and social) meaning that I strive to communicate it early on to a new training group. By doing so, it sets a respectful boundary rather than sitting back and listening to interesting and yet intellectual and distant cultural examples (which also serve to reinforce stereotypes). I feel it is vital to share detailed clinical examples as a way of stimulating participants to cognitively re-frame and emotionally re-conceptualise their own therapeutic relationships.

Through the years, I have developed resiliency through the following: Firstly, I ensured I had a strong professional network around me, where I could draw back-up evidence and be challenged within a safe

boundary. My involvement with committees, such as RACE (see Section 11) had shown me that cross-cultural work can bring much resistance, room for misunderstandings and extremely powerful feelings are aroused that have to be contained in a safe arena. Secondly, I have always actively kept up to date with academic/research and clinical developments in Britain and internationally (for example, through reading post-graduate theses and journal and text reviews; see publications, Appendix 1.2) as back-up evidence when a group becomes stuck in its perspective. Thirdly, and perhaps in some ways the most significant in a personal sense, I always obtained support from personal therapy and supervision from professionals who had long-term experience of training groups and large organisations. Of course it was invaluable to have travelled across cultures as I was able to identify with contrasting perspectives and bring them together for creative dialogue. I had to draw from my 'self' in the training process, but I also worked hard to protect what and how I shared these aspects. I remember early on in my career, when a colleague had movingly disclosed during a peer supervision group, that he would not survive the work if he continued to share painful personal racial aspects. Similar to many of us (especially in the 1990's) he found himself being the only minority person in the group and as the training facilitator this placed tremendous attention on his 'difference'. He had to find a way to use the group experiences of 'difference' and not solely his own otherwise he felt he was too exposed. There are intensely emotive reactions evoked by cultural, racial, refugee and immigration issues. For example, there can

resistance to learning about them as it is experienced as 'deskilling' by some of the more qualified professionals, thinking they are already adequately equipped as they were had completed their training. My experience is that remaining in a position of involvement and yet not taking sides is such a delicate, energy-consuming process. This is because participants often bring experiences they have accumulated from years of intergenerational oppression and yet many trainers feel uncomfortable (or guilty) that they belong within the majority culture/race and do not know how to work with this material. Time after time this stems from inadequate training and no appropriate space in supervision to address these. Both the participants and trainers require support to be able to reflect and not to take on board each other's projections.

At each step of the way, my writing was a way of creating a web between what was emerging from the USA and the writing from Fernando (1995) and Lipsedge and Littlewood (1989) mainly linked to psychiatry in Britain. The training I had developed was an immense challenge, but it also opened the way towards carrying out extensive field research. It gave me invaluable insight into such a large number of trainings and organisations in the UK and it was interesting to analyse which trainings had examined cross-cultural issues, what were their underlying motives were for doing so, the process via which cross-cultural or racial issues were introduced and how they had been conceptualised.



In order to work as a group therapist I had to draw on all my professional and personal experiences of groups, including countless experiences of cross-cultural situations. A useful training was attending an Intercultural analytic experiential group in Paris (1996) facilitated by group analysts such as Malcolm Pines and Felicity de Zulueta, amongst many others. This was one of the most powerful group experiences I have had because most of us were out of our 'comfort zone' as we were tourists (as opposed to the French participants) and being part of a residential event one could not get away from the feelings evoked. It was fascinating as many of the facilitators were multilingual and were able to both comment and translate the participants' experiences. Some facilitators utilised more than one language within a group session. Dynamics of including/alienating the other were powerful and factors of difference (such as language or religion) easily became the focus (both as a positive shared aspect and also as a negative issue). The group demonstrated how difficult it is to understand the other's complexity.

Initially, I provided more structure in my training groups, but as the group began to be experienced as safer by its members, I found that the structure emerged naturally and from the group itself. In all of my training, I learnt to straddle a middle way, not *overemphasising* or *underemphasising* cultural/racial factors and differences. I had few models to go by, so the training had to be experimental to an extent. I kept notes of my experiences, developed detailed feedback sheets and allowed for adequate group debrief of their experiences within the

group. I gained many ideas since attending the cross-cultural analytic group (discussed above). For example, I incorporated an exercise on spiritual/religious upbringing, which had to be presented rather loosely to the participants as it can contain such emotive associations. Many participants underestimate this and time and time again I have witnessed how it brings intensely charged memories, which are useful to examine.

My skills base increased as I facilitated experiential groups of trainees and experienced professionals (such as all the supervisors of Childline) on all types of courses, but also from working with non-psychology or therapy related groups, such as the partners of Unilever employees in the North and South of England. Understanding how there might be common elements in all the work but that therapeutic life is different and takes a different course to 'normal' life is another crucial element which contributed to my development into an effective trainer.

Entering a new group (whether a university, NHS, charity setting amongst many others) in order to offer consultancy or training is always a step into the unknown. Early on I became aware of the different dynamics from groups depending on whether they had chosen to have a guest come in to discuss cross-cultural issues versus trainees who felt the training was imposed on them. I had to find out who the team consisted of and why they had requested for the cross-cultural work input at that point and generally how they worked together as a team. This led to interesting information, such as often

there was a particular staff member or client that preoccupied the group. These issues are complex and can linger if not understood. This is why I included a chapter on organizational dynamics in the 2010 text, authored by Dr Aileen Alleyne, who is an experienced lecturer/trainer. Cross-cultural and racial issues can magnify organisational dynamics so it is essential to be aware of them. I had learnt to accept there could be intense emotional disclosures, since a significant number of participants had never discussed cross-cultural issues openly, even on the mental health courses. Anticipating this emotional charge I generally requested (with whoever was in charge of setting up the training and funding, which at times was complicated as permission had to be sought from other authority figures) for ample time to address these issues. I quickly learnt that I couldn't just walk into an organisation blindly, that I needed to understand certain aspects of the organisational culture. Furthermore, I encouraged the organisational members to look at these issues and introduce them themselves; for example, I often send a reading list in advance or other relevant links. In the same way, I encouraged them to continue the work after my training was completed. I viewed it as planting a seed, which needed to be nurtured by the team over time. This way they could open up discussion about how to maintain cross-cultural thinking and referrals.

I learnt to pay attention to the individuals as well as to the power of the group. I utilised my own long-term therapies throughout to stabilise my own affective reactions. At times, being the only person who actually

looked different (and it was interesting in groups where I felt this more as opposed to others where I felt more part of the group) meant that all the group projections were placed on me. Adequate processing has to take place in order not to experience professional 'burn-out'. My confidence grew as my range of training roles and knowledge increased, and I learnt to timetable large group trainings so there was time to plan and process the material in between each course. Without this understanding it would not have been possible to provide adequate training and a place where my own thinking could be challenged and revised at a manageable pace.

After the preliminary meeting I gathered some useful background information. On the actual training day it continued to be an active process of observing and gaining information about their particular context; including the more subtle aspects, such as unpicking the wording/descriptions used to describe cross-cultural issues within the team or how and when they emerged with their clients. In one particular workshop, it was interesting how the team used the word 'perverse' for some of the family dynamics, a rather powerful and offensive word if used in the presence of their clients. Similarly, migration can often be described as 'pathological' rather than taking on board its complexity. If therapists adhere to certain values too rigidly then their clients will pick this up and it will have an impact on the relationship and dialogue. Families have their own cultural systems (such as family celebrations and ways of behaving) which have to be understood within a wider cultural milieu.

I have always advocated that one needs to be familiar with the cultural groups one is working with (supported by Falicov 1998). However, it is a fine balance between knowing something about our clients' background and, at the same time, letting them provide us the socio-political information which is most significant to them. They may not associate with certain cultural elements and we need to allow room for this.

It is common in human nature to try and find characteristics which are shared in groups. I learnt early on in my career that some invitations were aimed at finding a speaker to 'present' rather than explore what characteristics some ethnic groups might share. Not only was I not equipped to be a cultural expert on a particular group, I did not believe in doing this as it reduces groupings to their common characteristics. This has meant that I have had to be more selective in my consultancy work. The idea of generalisations is not something I advocate, although it remains a common request as part of much cross-cultural training. The clinical case material in all my papers is set within a cultural and racial context so that each family and each client is viewed as having their own unique dynamics and relationship to their cultural context. For example, in exploring experiences of different groups in the first text (1994) and the migration experience chapter in the second book (2010) I examine what is shared by some groups, such as refugees, rather than assume the same cultural group shares all experiences.

Both texts emphasise we require that lengthy self-development if we are to 'travel' emotionally alongside our clients. Throughout the years, I have offered different forms of training and one cannot provide a directive type of teaching. Otherwise, trainees will take little to sustain them in terms of their clinical work and professional development. The most life changing work I have done is through workshops, where people can truly question their interpersonal stance towards those of other cultures in a relationship with trusted others. Yet this requires time, and this has always been my hesitation in providing one-off or brief trainings.

## **Section 11**

### **The wider/political sphere- 'think' tanks and committees**

Throughout my career I have chaired, or been involved as a committee member, in different professional organisations (all by personal invitation from previous committee chairs and senior colleagues), which include:

#### ***Chair of Chase Farm Race and Culture Study Group (1992)***

As part of my first NHS post (North Middlesex/Chase Farm Hospitals), I met the founder of the 'Transcultural Psychiatry Society', Dr Suman Fernando, who at that time was chairing the 'Race and Culture Study Group' at Chase Farm Hospital. He was aware of my book and invited me to take over the chairing role of the study group. This was a wonderful opportunity to meet professionals who were working in front-line mental health services who were well aware about issues of misdiagnosis. These professionals had not only been working with BME populations but were also creative in finding ways to be more accessible to a wider cross-section of the population. It was my first opportunity to make links between my acquired academic knowledge and the reality of how cross-cultural issues impacted on mental health. I was particularly inspired by the psychologist, Ann Miller (see Miller 1995), who was one of the first professionals to present her work on the importance of cross-cultural issues being incorporated at *all levels* of an organisation; including the clinical and supervisory relationship.

***Co-Chair of the BACP's 'RACE Division'- Co-Chair (1992)***

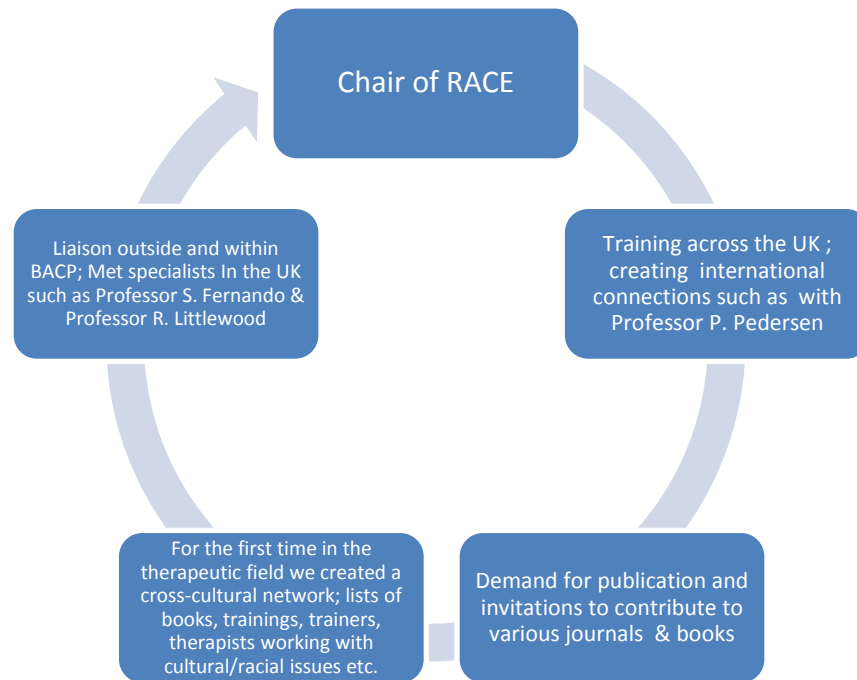
During my first NHS post, working at North Middlesex Hospital, I was approached by a colleague who had also been involved as the Chair of The RACE (Race and Cultural Education in Counselling) Division of the British Association for Counselling (BAC, now called BACP, incorporating 'psychotherapy'). He was about to resign and invited me to join the group as a member and Convenor of the Training Group, and subsequently to consider taking over as Chair. I met with the group and felt extremely enthusiastic about the work. I became the Acting Chair in 1993 and Chair in 1994. Along with my colleagues we actively promoted the work of RACE (File 1, Appendix 2.2) during that time, raising its profile within and outside the BAC and doubling the membership.

As seen in Table 3, RACE was an influential platform in that it provided a network of information for BAC members and non-members. For the first time we compiled a list of qualified trainers (in cross-cultural counselling and specifically on anti-racist practice) and there was liaison with other BACP Divisions in finding ways to incorporate the issues (particularly in family therapy and student counselling) as well as a link with 'The Standing Conference for the Advancement of Training and Supervision'.

We ran many different kinds of trainings (see File 1, Appendix 2.2), for example in 1994, the conference: 'Addressing the Debate: Psychotherapy and Black Identity', which was a collaborative effort



Table 3                      The Race Committee and its impact



Between Nafsiyat, Goldsmiths' College, The British Institute of Integrative Psychotherapy and RACE. It was the largest event of its kind that had been organised in my professional career and we had excellent attendance from different mental health backgrounds.

RACE enabled me to make contact with senior practitioners such as Dr Nick Bouras who was a Psychiatrist in North London, Professor Adrian Furnham (an authority on the concept of 'culture shock', see Ward et al 2001) and Professor Roland Littlewood, who I later worked with as our Consultant psychiatrist at Nafsiyat and who has been supportive of my work (see 2010 text, back cover). He was the one of the first psychiatrists in Britain to challenge racist practice and over-diagnosis in psychiatry through the book 'Aliens and Alienists'.

Perhaps the most significant meeting that facilitated my cross-cultural work took place with Professor Paul Pedersen, referred to as the 'grand-father' of cross-cultural psychology. We first met when in my capacity as RACE Chair we organised the 1994 conference (see File 1, Appendix 2.2) and he was our keynote speaker. Additionally, I was privileged to continue a professional exchange with him for many years. He was extremely generous in sending me his publications and training manuals. I used his ideas extensively, for example his idea of the 'triad model' (1997). In training groups it proved useful to divide the group into counsellor and client couples and to allocate distinct roles for the observers. Fortunately, I had had lengthy guidance from Pedersen on how to carry it out carefully and the potential difficulties. I knew I had to find ways for trainees to access their own prejudices if we were going to equip a new generation to work effectively with these issues. Allocating an observer to note the mis-attunements, especially in terms of race and culture, and another person observing the constructive emotional connection proved effective. The group members carried out their specific observations and were less inhibited as they had permission to carry this out. Everyone had the opportunity to experience the different roles and we processed this afterwards, providing distilled feedback to the larger group. The feedback from trainees has always been that it is difficult at first but enormously helpful in tuning into the details of a cross-cultural communication.

***Psychotherapists & Counsellors for Social Responsibility  
(1996-97)***

I was asked to join the 'Psychotherapists and Counsellors for Social responsibility' (see Appendix 1.4) by Professor Andrew Samuels. This group challenged psychotherapy in Britain and its aims were to raise awareness of socio-economic issues which were considered to be integral to our work. We engaged in many informal discussions before officially launching the group. We divided ourselves into different interest groups (such as sexuality, gender and politics) and I became the Chair of Race and Culture group. I agreed to take on this role for 6 months to get the group established.

Alongside the above committee roles, I have also served as part of the Diversity thinking group at The Bowlby Centre (mid-1990's) and more recently (2010) invited, by Professor Zenobia Nadirshaw, to contribute to the UKCP Diversity group (race and cultural issues).

## **Section 12**

### **Further clinical learning from one-to-one and group work, not explicitly discussed in the public works**

As an experienced therapist, I view and can tolerate the fact that each therapeutic encounter is an exploration that can follow countless directions, rather than reaching an ‘ultimate truth’. In cross-cultural work, due to increased uncertainties (of meanings and concepts), as therapists we have to create space for on-going curiosity and a state of ‘not-knowing’ (Flaskas 2002). Similarly, Spinelli (1997) calls this ‘un-knowing’ and discusses the significance of being prepared to be challenged by our clients and the course they take us with their stories and meanings. Through the doctorate I have become increasingly aware of the commonalities of the theoretical approaches I utilise rather than their differences.

#### **12.1**

### **Linking Psychoanalysis and Phenomenology/Existentialism**

I made some references earlier to my growing interest in relational psychotherapy as I think it links psychoanalysis to its earlier roots of philosophy (see above Table 5). For example, in reading Freud (1913), he talks about “free associating” with one’s analyst (pp. 134-6) and of course so much of existential writing has been on authenticity and how

we deceive ourselves, which can lead to great distress and eventually 'psychopathology'. Interestingly, Freud located much of psychopathology in the individual (intra-psychic) whilst the pioneering existential thinker, R.D. Laing, extended it further to the family dynamics (dialectical). I expanded both viewpoints in the second book, stating that society and cross-cultural issues can alienate individuals, reinforce unhelpful positions and make them feel they as if they are going 'mad'. A poignant example of course is how psychiatric diagnoses do not take into account cultural manifestations and meanings of psychological distress. Laing believed that withdrawal towards psychosis was an attempt to escape and somehow an attempt towards being true to one's experience.

Professionally, I witnessed these dynamics with some experiential groups where there was denial of racial hierarchies in mental health. In one case, a psychoanalyst told me that racial factors were no longer important and not to bring into the discussion anything related to psychiatry 'as it wasn't part of the workshop'. I argued that even though psychiatry was indeed not the focus, it was relevant to mention the numbers who enter the 'psychiatric sphere', instead of being offered therapy as the numbers are considerable. At times, these messages of denial or minimizing of cross-cultural (particularly racial) issues can be destabilizing that one has to regain their bearings by linking with other experts in the field.

Culture has often been considered marginal, especially to psychodynamic theory and practice. But there are some schools of

thought such as Winnicott's way of thinking which lend themselves more to cross-cultural work. Interestingly, as part of my earlier training influences I have found the work of Laing extremely useful in cross-cultural work (as mentioned above) and of course I only recently discovered that he was supervised by Winnicott, whose theoretical concepts have informed much of my second text. Although it seems that Laing and Winnicott did not maintain a close relationship post-supervision, one can see that Winnicott's ideas have some significant similarities; for example, he also discussed psychopathology as an attempt to 'feel real'. This is not far off from Laing's idea that psychopathology had a meaning and for both it was a radical move from the medical connotations. So although my second text is filled with Winnicott's writings, I can see how although perhaps implicitly, the links with existential thinking permeate.

So turning to Laing once again, he reminds us that:

*Existential thinking offers no security, no home for the homeless... it addresses no one but you and me. It finds its validation when, across the gulf of our idioms and styles, our mistakes, errings and perversities, we find in the other's communication an experience of relationship established but the only honest beginning, or even end, may be to share the experience of its absence (1967, p. 34)*

## **12.2**

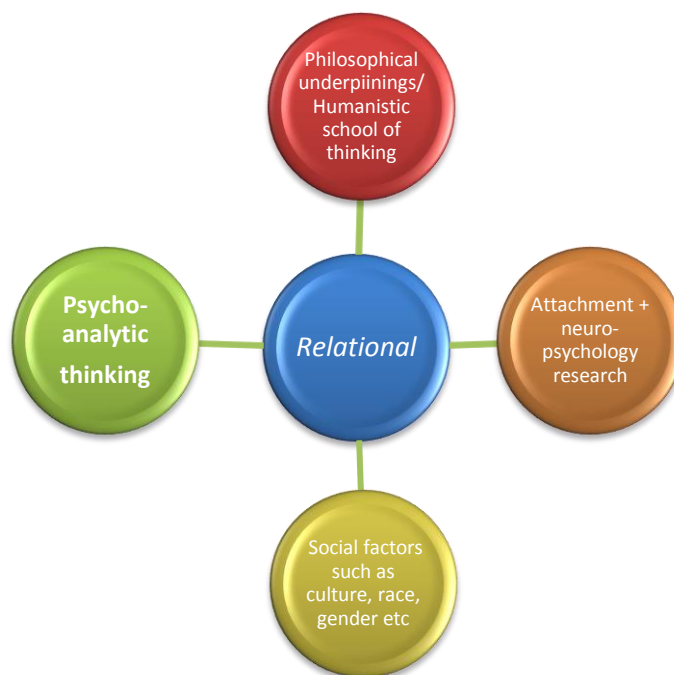
### ***Intersubjectivity between client and therapist***

Through experiencing different ways of working, through different types of self-development, supervision and being a member of multi-disciplinary teams, my views on the therapeutic relationship have changed over the years. Since I began my training and career doing observations of infants, I have always been absolutely fascinated with the drive towards relating which can be witnessed right from birth. The developmental roots of our emotional lives are now evident via the influx of infant research, providing detailed micro-analysis of elaborate and sophisticated interactions. As Storlow and Atwood (1992) note there are 'developmentally pre-established principles that organise subsequent experiences (p.24).

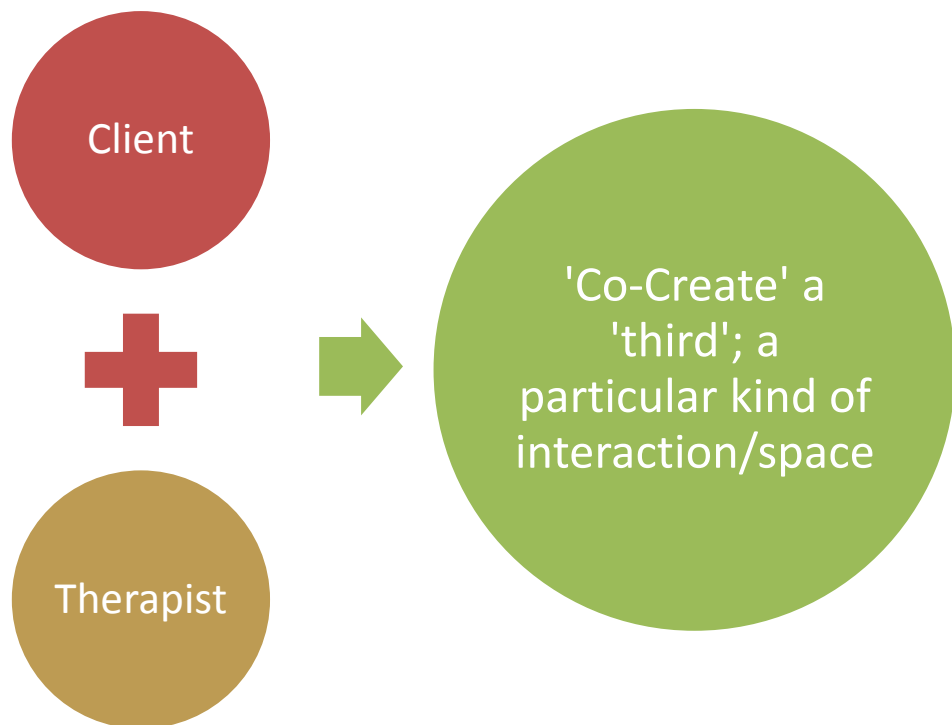
Taking the existential strands of my training (see previous section) I think it is paramount to be 'real' and for the therapist to be authentic to the client. There has to be some malleability in the therapeutic framework; for example, when a client's relatives or interpreter arrive for the session, one may have to have some flexibility. I have been able to find a comfortable stance as a therapist, where the therapist is engaged with the other as a fellow human being, rather than someone who is removed from relating and a slave to theoretical principles. We have to be sensitive to the psycho-social needs of our clients, demonstrating a variety of interventions.

I now feel comfortable working within more recent psychodynamic theories of intersubjectivity and the American Relational School of thinking (see Table 4) which views the client more as a co-worker (See Table 5) in the therapeutic endeavour (Mishne 2002), rather than I do working with more traditional psychoanalytic models.

***Table 4: The relational influences***





**Table 5: The Therapist and client in constant interaction**

Having experienced the 'traditional' way of relating to students and clients, I now feel it is withholding, frustrating. I assume this type of relating is designed to provoke transference enactments, although it often invokes further distress and unnecessary feelings of rejection, shame, guilt, rage, deprivation and alienation.

Texts such as 'The Self in Therapy' (Rowan and Jacobs 2002) [which comes from a combination of psychodynamic and humanistic thinking] and 'Tales of Un-knowing' (Spinelli 1997) [which stems from phenomenological thinking] demonstrate creatively the two-way aspects of the therapeutic dialogue (Table 4) and remind us of the different and significant ways the therapist becomes part of the

intersubjective field and they co-create the therapeutic process by creating a kind of 'third'. The self of the therapist will bring their own influences in the therapeutic process at all stages. This includes the therapist's character, memories (and how they have processed them) and particular circumstances at the time of the therapy, their conscious and unconscious psycho-social history (including family history).

Many clients recall particular moments when there was a feeling of a 'deep connection' with their therapist and I can certainly relate to this through my own therapy and working as a therapist. This type of therapeutic dialogue contains what Buber calls the 'I/Thou relationship' or a way of engaging with each other's whole being. So much therapy, particularly of the directive kind, seems to be working at an 'I/It relationship' level and this does not bring about profound and lasting change. Stern (2004) calls them 'co-creating moments' of meeting in therapy (see Table 5). Although these 'moments' are extremely subtle they can produce dramatic and even lasting change. This is because when there are two people co-creating a space and dialogue it becomes a *loaded space* with much greater potential for change. This is an intersubjective field (see Table 6) where each member influences the other. Spinelli reminds that "no self can be 'found', nor individual 'emerge', other than via the a priori inter-relational grounding from which that self's distinctive and unique sense of being emerges... self- and other-awareness is an outcome of, rather a starting point to, relatedness" (Spinelli 2007, p.12). Therefore in my role as therapist I am also contributing to the quality of their journey and I have to take

responsibility to recognise this. We have to find a way to incorporate “the therapist’s inner reflections, inferences, attitudes, feelings, questions, and reservations” (Mishne 2002:25). This is just as relevant for our role as supervisors or trainers and for our own on-going personal and professional development. As long as there is constant refinement of psychodynamic theoretical ideas (such as the concepts of transference/countertransference which are expanded in my second text to include ‘cultural transference’) they can be utilised in work with different populations.

I agree with Perez Foster (1998b), who states that the “more disparate the cultural worlds of the therapeutic dyad, the more that the therapeutic enterprise needs to be taken as a joint quest for understanding and meaning, with the therapist needing to be particularly cautious about exercising his or her culturally circumscribed view of human behaviour” (p.168).

### ***12.3 The role of the ‘past’***

The most obvious link I can see between my first and second texts is how psychoanalytic thinking has filtered in, considering much more the role of the individual and their family history. There is clearly a link made between childhood experience and adult psychology. At the same time, psychoanalysis has had the tendency to reduce it all to the early experiences without giving enough credit to the current, as well

as external, socio-cultural forces and so my aim was to re-address this.

As Spinelli (2007) states, that:

*“these terms (transference and countertransference) force the relationship to deviate from the primary focus on the immediacy of the current encounter” (p.14).*

This is so important as I often hear from clients how their cross-cultural concerns were ‘analysed away’ as being an inner conflict and explained away as ‘transference material’ or something related to their relationship to their therapist. Therefore, throughout the text there is a critique of traditional psychoanalytic orthodoxy which doesn’t hold on to the changeability of the interpersonal and does not validate the wider social/cultural context.

Some schools of thought have talked about inner aspects that are ‘transferred’ or somehow emerge during the therapy. I think the relational school has opened up some crucial discussions as to what facilitates the client’s re-activating of a past experience and then how this is remembered and conveyed to the therapist. The view is not that a button is pressed and these aspects emerge but that the other’s presence and process trigger something also. I believe that in our clients we do see remnants of previous situations: history, biology, unconscious forces and cultural influences and they all interact. There are multiple versions of the past and it is not a simple straightforward ‘reconstruction’. It contains remembered elements, conscious and unconscious, narrated and private memories and elements they have

experienced or feel but have perhaps never been verbalised. Every thought or action in the present may have a tie to the past but not in a linear manner. Related fields such as neuroscience also view memory as far from veridical.

There are many paradoxes in our work, as we are exploring the past there has to be engagement with the 'now' elements of thinking and interaction, both at the same time. There has to be openness and allowance for letting this have a creative course rather than simply to apply the theoretical stereotypical questions. Thus letting clients surprise themselves, as well as us, should be fostered throughout the course of the therapy.

## **12.4**

### ***Considering the impact of implicit communication***

Through my cross-cultural work, observations and clinical work with infants and young children, I have learnt how much of the therapeutic interaction takes place at an implicit level. For example, we have all experienced unique attachment patterns which simply took place, not necessarily consciously (and here I don't mean it unconscious although some experiences may become more hidden, in experiences of abuse or trauma) so how on earth can we put it all into thinking or words, especially in later life when memory becomes filled with our interpretations of those experiences. When we attempt to do this through the therapy process it is a lengthy one and we can only

explore some of the many facets. These were processes I had noted in psychotherapy but hadn't been able to name until I came across the relational school theoretical writings. As therapists I believe we try and put too much into words (and I have certainly been guilty of this), at certain times, it is appropriate to put something into words and yet there are special moments which remain profound if left as an 'experienced' interaction. It has been confirmed to me that we have to be reflective and hugely selective as to what we verbalise; in fact experiences can be altered or reduced if the therapist tries to do this too much. It can end up being the therapist's words and meanings rather than the client's, and furthermore it de-emphasises the significance of self-reflectivity in the client.

Looking back at my second text, it strikes me that if I were to write it now it would be slightly different; *alongside* the narrative I would probably be noting the subtle changes in voice tone, facial and body signals significantly more than I did. I think I gave the narrative slightly more importance than I do currently; but perhaps this is also the confidence I have acquired to let the process unfold and not rescue my clients from difficult feelings. As a supervisor, I work with my students so that they are able to examine their non-verbal communication process much more and I follow a parallel process in being aware of what is taking place in the supervisory exchange. Implicit communication is particularly pertinent in cross-cultural work as clients from different cultures may interpret communication from others differently. When clients are not comfortable being in their own body or

especially when new to a culture, daily issues, such as ‘appropriate’ interpersonal distance, can be confusing and they in turn may communicate uncomfortable, insecure and confusing signals. The concept of ‘embodiment’ and embodied feelings’ are crucial to my work now and an area that I did not make explicit in the public works. Many subtle cultural aspects, such as cultural distance are simply experienced, not necessarily within awareness. Dan Siegel’s work has re-introduced into psychotherapy the importance of how clients relate to their body or breathing and how it changes during the session. Although mentioned in both texts, there is a danger in sounding as if mind and body are perceived as being separate, such as the whole discussion on somatisation of distress and communicating it in a bodily form. Instead of one or the other, I would like to reframe it, by changing the wording to think about both emotional-verbal communication and bodily-emotional communication.

## **12.5**

### ***Incorporating the findings from science and neuropsychology***

As a psychology student I became truly fascinated in the notion of ‘intentionality’ during ‘Phenomenological Psychology’ seminars (taught by Professor Spinelli). It is interesting that recently different professions, such as psychiatrists, cognitive scientists and philosophers have become interested in studying this concept and the whole idea of social ‘relatedness’. There is a massive body of research now demonstrating how infants are able to copy or fulfil a task

because they are able to read the other's intentions (Hobson 2002). In the field of neuroscience research the discovery of 'motor neurons' has been an exciting advance, providing us with further understanding of these type of experiences. Although it is important to view the research as being in its infancy and only part of an incredibly intricate picture, what is fascinating is that we have considerably more information which confirms that these relational experiences are located in the premotor cortex of the brain (see Schore 1994, Cozolino 2006). These are not only triggered when we engage in an action but even when we watch others performing one. This confirms how much interaction is taking place when in the presence of others (or even watching a film), as even simply observing others there is a physiological reaction. Undoubtedly, the brain is a social organ and cannot be understood as an isolated entity. The research demonstrates how we react and relate to each other even when it is not overt; when someone feels something we feel it too, we express it bodily and it is the broad concept of empathy or attunement (there are degrees of this of course). Therefore, empathy is not only a psychological process but that there is a parallel physiological process of a similar part of our brain being triggered by the person we are relating with. Infants, from the onset, are influenced by their psycho-social world and need a parental brain for sensitivity to their states and a way of regulating these states. The process of reading another's mind becomes more sophisticated the older we get but with the significant prerequisite of having experienced empathy ourselves.



This emerging research has been enormously useful in my writings, as stated earlier, in how cross-cultural training has to be in the context of how we feel (and demonstrate) empathy for the other. I cannot stress this enough, because without being able to relate to the other emotionally, there is no connectedness and the interaction is only an intellectual task. If a client who is already vulnerable senses the lack of empathy they will not remain in therapy. Sadly, there may not be conscious awareness of this dynamic by either party.

In training and supervision we can work hard to understand why there is lack of connection or a negative *transference* (defined as “the activation of implicit social memories from the past- sensory and emotional memories of significant people in our lives that are acted out in contemporary relationships” (Cozolino 2006, p. 134). For example, I have been involved in training groups which have got stuck on intellectual concerns or facts (posing questions about particular kinds of practice) rather than really thinking emotionally about/with a client. Even if there is a shared issue about a cultural group, we need to think of how this applies and the unique way it manifests for a client as well how it manifests in the therapeutic relationship. Explicitly we could be seen to be stating all the right things but implicitly, communicating the contrary.

### **Section 13**

#### **Long-term/on-going and recent activities**

In this section, the various centres I have been involved with over many years, initially as a trainer and now increasing in the role of consultant or as a resource (see Table 6). This role reflects the experience I have gained through consultancy and training offered and increasingly in providing training to the trainers.

**Table 6                      Summary of current activities**



### ***13.1 The Bowlby Centre***

Since completing the MSc in Child development (1989) I have been interested in attachment theory and nurtured this interest by attending the Attachment annual research conference (University College London) and listening to inspiring speakers such as Miriam Steele and Howard Steele, Colwyn Trevarthen, Daniel Stern, Beatrice Beebe and many others who remain influential in my work. In 1994 due to this interest, the psychotherapist, Brett Kahr introduced me to Kate White and John Southgate who had founded the Bowlby Centre, a psychoanalytic psychotherapy training organisation in London. They were keen to introduce more developmental and cross-cultural work in the training, and therefore I became involved in teaching and supervising there on a regular basis for 5 years. Like other organisational feedback I received, they had attempted to address racial and cultural issues but had not found adequate trainers. Therefore it was the first time they had regular teaching in the field. Through my work there, I was able to formulate an extension of attachment theory to consider the attachment to culture (see Eleftheriadou 1997). I still maintain a link with them and provide occasional consultancy to their students or take part in training events, such as being discussant to Susie Orbach's book when it was published (1999) and presenting at their 2005 conference, entitled 'Unmasking Race, Culture and attachment in the Psychoanalytic space' (see publication 2006) and a speaker at their graduation ceremony in 2006.

### ***13.2 Patron of Mothertongue***

Since 2006, I have been providing regular support as Patron of the organisation, Mothertongue. Mothertongue is a counselling service in Reading, founded by Dr Beverley Costa (CEO). I met Beverley around 1993 when she joined 'The Specialist certificate in cross-cultural work' (Regent's College) and expressed her wish to set-up a counselling service. She then went on to set up 'Mothertongue' which has now been running successfully for 12 years. We kept in touch throughout this time, exchanging ideas, and in 2006 she invited me to become one of the Patrons, a role I was deeply honoured to accept. Our link takes place through the AGM visits, or talks I present to the organisation (see 2006 presentation, File1, Appendix 2.1), contributing to creative ideas on how to expand the work or networking and creating links with The British Psychological Society. Also, I recently appeared on their DVD (see Mothertongue 2011).

### ***13.3 The Institute of Arts in Therapy and Education (IATE)***

In 2002 Brett Kahr introduced me to Dr Margo Sunderland at IATE and I was invited to speak at a conference and eventually to run an infant observation group (until 2007). In 2006 I also became a supervisor for trainee child and adult psychotherapists from IATE and this work is ongoing. My supervisees work in different London schools providing short term and long term therapy, group work for specific issues and parental and staff support. Many are now qualified psychotherapists

and it is been really gratifying to work with them for so many years and see them flourish as child psychotherapists. Their client group is multi-cultural and my own experience of working at Nafsiyat and running groups in the NHS has been extremely useful to draw upon. Apart from my involvement with child psychotherapists who have qualified at IATE, I provide long distance consultancy to child psychotherapists and social workers who want to properly consider how cross-cultural factors impact their work. Occasionally, there are fostering and adoption cases where I offer detailed assessment of the child's psycho-social and cultural needs.

#### **13.4**

##### ***Syracuse University (London) and City University***

I have maintained a link with Dr Leuner (Director of Syracuse University) and my BA thesis supervisor, as mentioned above, who back in 2004 invited me to meet Dr Susan Strauss. Dr Strauss was a lecturer at Syracuse who organised 'The International Women's Panel' at Syracuse University and invited me to contribute on many occasions (e.g. November 2002, March and November 2004). I also offered a course on 'Cross-cultural Psychology' there (2006) and I was invited to meet the Cross-cultural psychologist, Dr Marshall Segall (2002) who opened his exhibition in London, entitled "All of us are related, each of us is unique" [<http://www.allrelated.syr.edu/>]. Another significant

meeting was set up to consider the issue of multiculturalism at Syracuse and I was privileged to be invited (once again by Dr Leuner) to meet the Syracuse University Chancellor, Nancy Cantor and the late Dr Zaki Badawi, who at the time was Vice Chairman of the Imams and Mosques Council and Vice Chairman of the World Congress of Faiths.

Dr Strauss is currently a full-time lecturer at City University and we maintain regular contact. I have recently taught 5 seminars on 'child development' at City University and now provide supervision and on-going psychotherapy for Counselling Psychology students. She has also introduced me to other colleagues (see section 13.4) who deal with American students abroad and provide me with regular client referrals.

### **13.5**

#### ***Other visiting lecturing and conference presentations***

I continue to disseminate knowledge via conference presentations. For example, I have been invited to take part in celebrating the work of the Cross-cultural Psychologist, Pittu Laungani (organised by Professor Zenobia Nadirshaw, The British Psychological Society, July 4<sup>th</sup> 2012). Also, in the last 5 years I have also had a relationship with The Arbours Association, where I have taught seminars on Winnicott (e.g. 2010), and have had private referrals of both clients and students.

**13.6*****External examiner***

I have held external examiner posts at different organisations (see Section 10) but I have been an external and internal examiner for the Masters programme at Regent's College School of Psychotherapy and Counselling since 1993 and I have been involved in over 40 (general and cross-cultural themes) submissions. I remain a Regent's College Professional Member.

**13.7*****Clinical work***

Over time I have become known for my specialisation in cross-cultural work, so the majority of my referrals consist of clients from diverse cultures. I actively maintain links with different organisations and work with adults, children, adolescents and their families. I have an excellent professional network, such as local GP practices, psychologists and psychotherapists. I provide consultancy on a regular basis (see Sections 10-11).

I have clinical referrals from The School of Life, New York University, Syracuse University and The American Institute of Foreign Study (all London based). The clinical referrals from The School of Life, New York University and The American Institute of Foreign Study and Syracuse University (all London based) are extremely varied in terms of client background/presenting issues. The latter four organisations

provide referrals of university students who require (mainly short-term) support with psycho-cultural adjustment to London life. A significant number have pre-existing issues which are intensified by being in an unfamiliar cultural context. 'The School of Life' referrals are extremely varied in age and background and mainly long-term work. Occasionally, I also become involved in short-term work for insurance companies (for example for PTSD work).

### **13.8**

#### ***Publications' reviewer***

Around 1994, a therapy colleague called Alison Vaspe, who is a writer/editor and psychotherapist, invited me to join the Editorial board of the Journal 'Psychodynamic Counselling'. During this time, my role was to review articles or books that had cross-cultural themes (as well as general editor for other psychodynamic papers) and to direct to the professionals I knew had cross-cultural expertise. As stated earlier, I also edited a special edition of the journal on cross-cultural work (1999). I continue to review publication proposals for different therapy and psychology journals.



## **13.9**

### ***Legal work***

Another strand of the cross-cultural work is that over the years I have completed numerous legal reports (as part of my organisational work). However, my expertise as an independent practitioner was recognised a few years ago when Dr. Christina Pourgourides, a Consultant Psychiatrist (Intensive Community Outreach Service, Solihull, who has a particular interest in migrant/refugee populations) recommended me to prominent London Human Rights and Immigration lawyers. I regularly provide psychological reports on children and their families. The work is extremely demanding and rewarding for the following reasons:

- The clients come from an extremely culturally diverse client group, and keeping up to date with cultural/political information regarding their country of origin is vital.
- Many have experienced multiple broken attachments in addition to war situations and cultural/racial displacement, therefore my stance has to be extremely respectful of these events and has to be paced appropriately.
- Reports have to be produced within a short time limit and, at times, these require updating (at short notice) as family, political events or new laws come into play.

In summary, in all of my posts, I have worked autonomously and creatively to establish successful therapeutic and assessment services. I have always been motivated to learn quickly, striving to translate theoretical ideas into training/experiential learning and finding ways to create necessary change when practice posed challenges to theoretical ideas. All the different strands of my work complement each other and the cross-cultural strand is present throughout.

My knowledge of the field and experience in running cross-cultural groups and managing NHS services, were invaluable in providing me with the necessary leadership and negotiation skills to be a member/chair of these committees. Often it was necessary to facilitate extremely emotive discussions on how to incorporate cross-cultural issues in clinical work and teaching, and to liaise with appropriate multi-disciplinary professionals who were invited as speakers. The committees have enabled me to forge strong professional relationships with many cross-cultural practitioners and to communicate to senior professionals the importance of cross-cultural work.

## **Section 14**

### **Future directions**

Nowadays, cross-cultural issues are considered more in psychotherapy and psychology and I am overjoyed that this has changed during my career and I have had a significance influence. However, undoubtedly much more is needed in all of the mental health fields. I hope to contribute further in the following aspects of cross-cultural work:

- **The experience of migrants**

I am interested in raising awareness on the psychodynamics of migration and to offer training and experiential workshops for clinical and non-clinical populations (for example, the American student group which I am regularly involved with).

- **The experience of working with children and adolescents**

I hope to produce a 'supplementary' text to my 2010 text outlining further skills and issues in cross-cultural therapy which come into play when working with children, adolescents and their families.

- **Supporting refugees**

As mentioned earlier, I regularly work with refugee clients, particularly in assessing younger people who have experienced trauma. I feel deeply committed to this area due to my own background. I would like to engage in more 'preventative' type of work for the younger generations affected by trauma and migration/asylum issues, in order that it does not remain unresolved and impact future generations. I also hope to continue to challenge the stigma associated with refugees and to 'de-pathologise' some of the experiences of refugees within psychiatry, psychology, psychotherapy, the educational system and the media. I am also aware that new therapies (many incorporating neuropsychology findings and somatic/physiological states) are emerging, which are introducing new skills for working with trauma and I believe these can enhance my clinical skills.

- **Training text**

Despite encouragement from my students over the years, I have resisted writing a training handbook, being concerned that it can be limiting to put ideas on paper. However, I now think it is necessary to do so as many professionals are still not sure of how to go incorporate cross-cultural issues to their clinical work. So the challenge would be how to write such a text taking into account the aspects which have emerged within this doctorate. I hope to

produce/edit a text illustrating a more comprehensive view of psychotherapy, including the exciting new research from neural science and attachment as I think they have invaluable information for working with people of other cultures.

- **Network**

I think the time has come to strengthen my professional network. I am not sure what form this would take but I think it is important to think about formalising professional channels with psychotherapists but also with different mental health professionals (who are likely to be involved in front line work and making referrals), in order to increase the dissemination of information, the general communication, particularly to increase commitment to the work and generally to raise the profile of the issues in mental health.

**Section 15****Developing resilience as a practitioner**

The cross-cultural field is rife with political, religious and social controversies and predicaments. Hierarchical and often polemical racial and cultural divisions exist not only across but within countries. We live within them and cannot avoid them. Subsequently, when one steps into the cross-cultural therapeutic arena, it can feel overwhelming. I first entered this field via psychology, part of an international university (Richmond) which proved to be a supportive learning environment as there was a widely held multicultural philosophy. And similarly at Regent's College there was great support for cross-cultural thinking and practice. However, it was a different experience when I tried to raise awareness outside these organizations. The factors which contributed to my development of resilience and support me to remain deeply involved in this field are outlined below:

***Use of self***

There was no formal cross-cultural training in this field when I started out as a psychologist in 1988. I had to 'self-train' by relying on the use of self (personal experiences, feelings and reactions) including making sense of my cross-cultural travels and experiences. I truly believe that travel expands one's psycho-social identity and there is nothing that

can replace this 'lived' experience. Travelling and working with such multicultural groups helped me experience both positions of being the 'outsider' and 'insider'. These contrasting states have helped me to develop my empathy and compassion further towards my clients.

Although I see the use of self as a necessary process, I realised early on that I had to find a way to manage the powerful feelings arising from: projected feelings from whole groups, the painful/powerlessness experiences of clients and of course the ethnocentrism and (often unconscious and even unintentional at times) racism I encountered towards myself, colleagues and clients. It was vital to learn how to react to these effectively and to take time away for self-reflection. I learnt to utilise support from therapy, supervision, and developed a trusted professional network. Of course, a huge buffer was the support from my family and friends. These sources enabled me to feel I could survive my clients' powerlessness and despair. Moreover, it helped me to separate when reflection was necessary and when effective action was required; for example, referring a child to social services or facilitating social support for mothers and babies.

Throughout the years I discovered the importance of looking after the mind as well as having awareness of one's somatic communications, influenced by the work Daniel Siegel (2010) work on 'mindfulness'. I have always strongly advocated exercise as a way of balancing psychotherapy work which is so focused on the cognitive and emotional and is a relatively sedentary profession.

***The learning from clients and supervision***

I feel privileged to have worked in so many centres and organisations as it has given me such insight into the human condition and above all the impact of psychological suffering and extreme trauma. I believe that anyone who works with extreme human emotions and situations becomes a witness to the extraordinary resilience of the human spirit. I have found that working with such a diverse client group has a profound and transformational impact; it has undoubtedly forced me to reassess my personal and professional life. Personally, it has challenged what I perceive to be a 'stressor' in my life and professionally it has helped me to think about the *whole of the person within their context* much more than any training I have undertaken. For example, in my many years of work with 'depressed' refugee adolescents I have learnt how important it is to support them to feel part of their educational system. This not only gives them a daily structure and a purpose, but they slowly develop relationships with peers which is crucial to the adaptation process. Here I am not suggesting that people completely 'work through' traumatic experiences, but there is a way of managing to *live with* them.

Furthermore, I have always gained immensely from working with children and adolescents. Although undoubtedly it can be a demanding process, I have found it rewarding to witness and be part of their change. Generally speaking, this is also a quicker process than it is for adults. Children have quite a unique way of making sense of



the world according to their unique developmental perspective. This forces us to reframe our adult view and work creatively.

### ***Information and awareness gathering***

Throughout my career I have gathered knowledge from a variety of experiential, training groups and organisations. I encountered professionals who invited me to present cross-cultural work or help raise awareness within a team, but firstly I had to understand (*with* them) their often complicated motives for doing so. In some organisations, I could fulfil the requested training goals and in others I found they went against my philosophy of openness in the cross-cultural field. For example, there was a common theme to generalise specific cultural practices rather than view them as belonging to one particular client's/family's belief system. I had to seek creative ways to open up dialogue instead of reinforcing generalisations. I was challenged theoretically and clinically at each step of the way, from heading committees to training situations. Having a strong international network has provided me with the 'expert' knowledge (in terms of research and clinical evidence from one-to-one work and group work) to challenge senior practitioners with confidence.

It has been revitalizing to see the impact of my own work and changes which have occurred within the cross-cultural field over the last 20 years. It supports my hope for positive change and motivates me to

continue writing and offering teaching in the field for many years to come.

## **Section 16**

### **Conclusion**

I strongly believe that having had such early experiences of being uprooted and war, having occupied positions of authority from a young age and having been involved professionally in so many varied mental health organisations, including having set up counselling services in the NHS and been part of many committees and examining boards, I have had rich preparation for psychotherapeutic work and to continue with creative developments in the future.

I am extremely proud that the public works have influenced training schools of all theoretical orientations (see Section 10) and have been used by multi-disciplinary teams in the following fields: anthropology, counselling, medical training and doctors, midwifery, nursing, psychology, psychotherapy, psychiatry, social work and business. They have been influential to both child and adult therapy trainings, across the UK and internationally.

The public works have provided a unique and comprehensive framework, drawing from the following theoretical strands: existential/phenomenological theory, psychodynamic/developmental influences/attachment research, relational theory (including the importance of implicit relational knowledge) and cross-cultural and social psychology. This framework takes into account culture but at the same time allows for the individual's unique experience. Moreover, the

essential knowledge and skills required for effective cross-cultural communication and therapy have been identified, through bridging psychological theory, clinical practice and cross-cultural research. All the publications have challenged ethnocentrism in theoretical models and practice and yet have incorporated and expanded on western models. I strongly believe through a more integrative theory we are offering our clients 'ethical' practice.

Throughout my writing, there is a plethora of theoretical references, as I think there is no single theory which can capture the 'essence' of an individual. As stated earlier, through my clinical and training journey I have moved from an existential stance to incorporate psychoanalytic ideas. It is vital to keep hold of the uniqueness of every therapeutic encounter with an individual/family and let ourselves see things afresh or change perspectives (Casement 2006). We need to be aware and hold on to significant differences, rather than filling in the gaps with factual information and questions. It may mean working with differences and similarities at the same time.

The underlying philosophy of the public works is that we are all members of different sub-cultures, and therefore allowing understanding of these social influences provides a more holistic view of the person and enhances the therapeutic the work as a whole. Social constructivism has been appropriate for this doctorate because it implies that (conscious and unconscious) meanings of race and culture are psychological, personal as well as shared by a group. There is an 'elastic' quality as these meanings are context-dependant.

All the public works have supported the idea that race and culture have a profound impact on the development and maintenance of the self and family identity. Offering clients the opportunity to raise the issues in their own pace and manner rather than proving them with prescriptive ways of addressing them is vital. Additionally, in today's culturally and racially mixed society it is no longer just desirable, but essential to find ways that we can formally support students and qualified therapists to address cross-cultural issues and concerns. Whether we choose to address the issues or not during the therapeutic encounter are both positions that are certainly not based on neutrality. Taking into account my extensive experience in the field, if the issues are left ambiguous it closes down the dialogue and possibilities for exchange and the client's identity is left only partially explored.

I hope to continue refining theoretical concepts, publishing and highlighting cross-cultural issues (taking into account the political climate) and collaborating with multi-disciplinary colleagues on clinical and training projects in Britain and internationally. It is my hope that all of the aspects outlined in the doctorate will contribute to therapists' sensitivity and awareness of the cross-cultural issues throughout the therapeutic process, regardless of their theoretical orientation. All the publications have discouraged marginalisation of cross-cultural issues and instead have strived for *integration* of the ideas into mainstream psychotherapy and psychology practice.

## **APPENDIX 1**

### **1.1 References**

### **1.2 Complete list of published works**

### **1.3 Further information on publications - examples where the public works have been stocked and cited**

### **1.4 Information on 'Psychotherapists and Counsellors for Social Responsibility'**

### **1.5 Examples of cross-cultural therapy objectives and guidelines**

### **1.6 Example of a course outline (provided for City University)**

### **1.1 References**

Akhtar, S. (1999). *Immigration and Identity*. Oxford: Aronson.

Bager-Charleson, S. (2010). *Reflective Practice in Counselling and Psychotherapy*. London: Learning Matters.

Barnes, G. (2004). *Family Therapy in Changing Times* (2<sup>nd</sup> Ed). London: Palgrave.

Berry, J.W., Poortinga, Y.H., Segall, M.H. & Dasen, P.R. (1992). *Cross-cultural Psychology: Research and applications*. London: Cambridge University Press.

Binswanger, L. (1968). *Being-In-The-World*. New York: Harper Torch.

Britt-Krause, I. and Miller, A. (1995). Culture and family therapy. In Fernando, S. (Ed) (1995). *Mental Health in a Multi-ethnic Society*. London: Routledge, pp.148-171.

Brothers, D. (2008). *Toward a Psychology of Uncertainty*. East Sussex: Routledge.

Casement, P. (2006). *Learning from life*. London: Routledge.

Cozolino, L. (2006). *The Neuroscience of Human Relationships*. London: Norton.

Deurzen-Smith, E. Van (1988). *Existential Counselling in Practice*. London: Sage.

Deurzen, E. van and Martin, A. (2011). *Skills in Existential Counselling and Psychotherapy*. London: Sage.

Etherington, K. (2004). *Becoming a Reflexive Researcher: Using our selves in research*. London: Jessica Kingsley.

Falicov, C. (1998). *Latino Families in Therapy: A Guide to Multicultural practice*. New York: Guildford Press.

Fernando, S. (Ed) (1995). *Mental Health in a Multi-ethnic Society*. London: Routledge.

Flaskas, C. (2002). *Family Therapy: Beyond postmodernism*. London: Psychology Press.

Flaskas, C., Mason, B. and Perlesz, A. (2005). *The Space Between*. London: Karnac.

Freud, S. (1913). On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis I). *Standard Edition*, Vol. 12, pp. 121-144. London: Hogarth Press, 1958.

Gilbert, M. and Orlans, V. (2011). *Integrative Therapy*. London: Routledge.

Gorrell Barnes, (2004). *Family Therapy in Changing Times*. Hampshire: Palgrave Macmillan.



Herman, J. (1992). *Trauma and Recovery*. New York. Basic Books.

Hobson, P. (2002). *Cradle of Thought*. Oxford: Pan Books.

Husserl, E. (1962). *Ideas: General introduction to pure phenomenology* (W. R. Boyce Gibson, Trans.). London: Collier Macmillan. (Original work published 1931).

Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1936).

Husserl, E. (1970). *Logical investigations* (Vol. 2, J. N. Findlay, Trans.). London: Routledge & Kegan Paul. (Original work published 1900-1901).

Laing, R.D. (1967). *The Politics of Experience*. New York: Pantheon Books.

Littlewood, R. and Lipsedge, M. (1989). *Aliens and Alienists*. London: Routledge.

Malberg, N. and Raphael-Leff, J. (2011). *The Anna Freud Tradition: Lines of Development - Evolution and Theory and Practice over the Decades*. London: Karnac.

McGodrick, M. (Ed). (1998). *Re-Visioning Family Therapy: Race, Culture and Gender in Clinical Practice*. London: Guilford Press.

Mishne, J. (2002). *Multiculturalism and the Therapeutic Process*. New York: Guilford Press.

Mothertongue DVD: *Looking to the future: A celebration of 10 years of service in Reading*, Sept 2010, produced by Real Time.

Pedersen, B.P. (1997). *Culture-Centered Counseling Interventions*. London: Sage.

Ridley, C.R. (1995). *Overcoming Unintentional Racism in Counselling and Therapy*. London: Sage.

Rowan, J. and Jacobs, M. (2002). *The Therapist's Use of Self*. Buckingham: Open University Press.

Schon, D. (1983). *The Reflective Practitioner: How professionals think in action*. NY: Basic Books.

Schon, D. (1987). *Educating the Reflective Practitioner*. San Fransisco. Jossey-Bass.

Schore, A. (1994). *Affect Regulation and the Origin of the Self: The neurobiology of emotional development*. Hillsdale, NJ: Erlbaum.

Siegel, D. (2010). *Mindsight*. New York: Bantam.

Spinelli, E. (1989). *The Interpreted World: An introduction to phenomenological psychology*. London: Sage.

Spinelli, E. (1997). *Tales of Un-Knowing*. Ross-on-Wye: PCCS.

Spinelli, E. (2007). The Therapeutic relationship: a view from existential psychotherapy (part of a keynote address to BACP's Annual Conference, 2006), *Therapy Today*, Vol. 18, No. 1, pp. 11-14.

Stern, D. (2004). *The Present Moment in Psychotherapy and Everyday Life*. London: Norton.

Stolorow, R. D. & Atwood, G. E. (1992). *Contexts of Being: The Intersubjective Foundations of Psychological Life*. Hillsdale, NJ: Analytic Press.

Sue, W. S. and Sue, D. (1990). *Counselling the Culturally Different: Theory and practice*. New York: Wiley Interscience.

Sue, W. S. et al. (1995). Multicultural counselling competencies and standards. In Ponterotto et al (Eds.) *Handbook of Multicultural Counselling*. London: Sage, pp. 624-44.

Thomas, A.J. & Scharzbaum, S. (2006). *Culture and Identity*. London: Sage.

Thomas, L. (1995). Psychotherapy in the context of race and culture: an inter-cultural therapeutic approach. In Fernando, S. (Ed) (1995). *Mental Health in a Multi-ethnic Society*. London: Routledge, pp.172-179.

Van der Veer, G. (1998). *Counselling and Therapy with Refugees and Victims of Trauma*. Chichester: Wiley.

Ward, C. Bochner, S. and Furnham, A. (2001). *The Psychology of Culture Shock*. East Sussex: Routledge.

### **1.2 Complete list of published works**

\*Eleftheriadou, Z. (1992). Multi-Cultural Counselling and Psychotherapy: A Philosophical Framework. *Psychologos: An International Review of Psychology*, 3, pp. 21-29.

[\* Translated into Italian in the same year].

Eleftheriadou, Z. (1993). Application of a Philosophical Framework to Transcultural Counselling. *Journal of the Society for Existential Analysis*, 4, pp. 116-123.

Eleftheriadou, Z. (1993). The Role of a College Student Counsellor in a School of Nursing and Midwifery. *Journal of the Counselling in Medical Settings Division of the British Association for Counselling*, 36, pp. 9-11.

Eleftheriadou, Z. (1994). *Transcultural Counselling*. London: Central Books.

Eleftheriadou, Z. (1995). Psycho-Social Aspects of Thalassaemia: A Psychodynamic Understanding. *Psychodynamic Counselling*, 2, pp. 283-286.

Eleftheriadou, Z. Skills for communicating with patients from different cultural backgrounds. In Bor, R. and Lloyd, M. (1996). *Communication Skills for Medicine* \*. Churchill Livingstone, pp. 85-103.

Eleftheriadou, Z. Skills for communicating with young people. In Bor, R. and Lloyd, M. (1996). *Communication Skills for Medicine* \*. Churchill Livingstone, pp. 105-118.

\*[This title was Highly Commended (Basis of Medicine category) in the BMA Awards 2005]

Eleftheriadou, Z. (1996). Notions of Culture: The Impact of Culture on International Students. In Sharples, S. (Ed). *Changing Cultures: development in cross-cultural theory and practice*. London: UKCOSA, pp. 7-13.

Eleftheriadou, Z. (1997a). The cross-cultural experience - integration or isolation? In du Plock, S. *Case Studies in Existential Psychotherapy and Counselling*. London: Wiley, pp. 59-69.

Eleftheriadou, Z. (1997b). Cultural differences in the therapeutic relationship. In Horton, I. & Varma, V. *The Needs of Counsellors and Psychotherapists*. London: Sage, pp. 68-83.

Eleftheriadou, Z. (1997). Book review: Overcoming unintentional racism in counselling and therapy. *Psychodynamic Counselling*, 3 (1), pp. 100-102.

Eleftheriadou, Z. (1998). Transcultural therapy and later life. *Journal of Social Work Practice*, Vol. 12 (2), pp. 167-173.

Eleftheriadou, Z. (1999a). Assessing the counselling needs of ethnic minorities in Britain. In Laungani, P. and Palmer, S. (Eds) *Counselling in a Multicultural Society*. London: Sage, pp. 113-132.

Eleftheriadou, Z. (1999b). Psychotherapeutic work with refugees: Understanding the therapist's countertransference. *Psychodynamic Counselling*, No. 5 (2), pp. 219-230.

Eleftheriadou, Z. (1999c). (Ed) Special issue on racial and cultural differences. *Psychodynamic Counselling*. No. 5, 2.

Eleftheriadou, Z. (2002). Transcultural counselling and psychotherapy: A philosophical framework. In Palmer, S. (Ed) *Multicultural Counselling: A Reader*. London: Sage, pp. 31-39.

Eleftheriadou, Z. (2003). Cross-cultural Counselling Psychology. In Woolfe, R., Dryden, W. & Strowbridge, S. (Eds) *Handbook of Counselling Psychology*. London: Sage, pp. 500-517.

Eleftheriadou, Z. (2005). Bringing Cross-cultural issues to trainee child psychotherapists. *The Bulletin of the Association of Child Psychotherapists*. No. 159, p.26

Eleftheriadou, Z. (June-July 2005). From babyhood to toddler: the development of early emotional relating. *Haringey Families Newsletter*.

Eleftheriadou, Z. (2006). Revisiting the concepts of racism and culture: Some thoughts on the clinical implications. In White, K. (Ed) *Unmasking Race, Culture and Attachment in the Psychoanalytic Space*. Karnac, pp. 36-45.

Eleftheriadou, Z. (2010). *Psychotherapy and Culture: Weaving Inner and outer worlds*. London: Karnac.

### **1.3 Further information on publications - examples where the public works have been stocked and cited:**

The 1994 text is stocked in the following libraries around the world: In the UK it can be found at Birkbeck College, Imperial College, Kent University, London Metropolitan University, Manchester College of Arts and Technology, Manchester Metropolitan University, Newcastle Library, Senate House, University of London, The Tavistock and Portman Library, University of Essex, University of Huddersfield,

University of Warwick, and The Wellcome Library. Abroad it can be found at St Francis Xavier University, Canada, University of Malta and Western Michigan University Library, USA.

The following list contains some examples of courses where the 1994 has been used:

- ‘Clinical Case Management’ course (PYP117), London Metropolitan University
- ‘Core reading’ at Warwick Medical School Library
- BA (Hons) In Humanistic Counselling course (Year 2), University of Nottingham
- ‘Certificate of Higher Education in Psychodynamic Counselling and Organisational Dynamics’, Birkbeck, University of London
- Higher Level Qualification, Level 4; Higher Professional Diploma in Counselling at City and Guilds

Examples where the 1994 text has been quoted:

- Clarkson, P. (1998). *Counselling Psychology: Integrating theory, research and supervised practice*. London: Routledge.
- Lago, C. (Ed.), (2011). *The Handbook of Transcultural Counselling and Psychotherapy*. Berkshire: Open University.



- Masud Salma (2007), Can there be cultural competence without culture? *University of Leicester thesis*.
- Yuko Nippoda (2001). Counselling and Culture: on working with Japanese clients living in the United Kingdom, In *The Cross-cultural Bulletin: International Association Cross-cultural Psychology*.
- Johnson, Amanda Webb & Nadirshaw, Zenobia (1993). Good practice in transcultural counselling: An Asian perspective. *British Journal of Guidance & Counselling*, Jan 1993, Vol. 21 Issue 1, p. 20-29.
- Samuels, A. (2004). What does it mean to be in “The West”. In Singer, T. Kimbles, S.L. (Eds.) *The Cultural Complex*, East Sussex: Routledge. Ch 9, pp. 124-144.
- Sloman, M.C. (July 2005). Factors affecting perceptions of counselling by clients with African and Caribbean origins. Working paper series No.2, *Counselling Training Personal Development Consulting*. Available from: <http://www.ctpdc.co.uk> [Accessed February 28<sup>th</sup> 2012].

The 1997a publication was referenced in:

Al-Krenawi, A. and Graham, R.R. (Feb 2000). *Culturally sensitive social work practice with Arab clients in mental health settings*. National Association of Social Workers.

[<http://www.socialworkers.org/pressroom/events/911/alkrenawi.asp>]

Kristal-Andersson, B. (2000) *Psychology of the Refugee, the Immigrant and their Children: Development of a conceptual framework and application to psychotherapeutic and related support work*. University of Lund, Sweden.

The 1997b publication was referenced in:

Grant, K.J., Henley, A. and Kean, M. (2001). The journey after the journey: Family counselling in the context of immigration and ethnic diversity. *Canadian Journal of Counselling*, Vol. 35:1, pp. 89-100.

Culturally Informed Evidence Based Practices: Translating research and policy for the real world. *Academic Medicine*, 82, pp: 176-183.

The 1998 publication, 'Transcultural therapy and later life' was used in:

Crean, J. and Kaiser, P. (Dec 2005), Working with clients who express prejudices: How best to respond? PSIGE\* Newsletter, No. 92.

[\*Psychologists' Special Interest Group working with older people, British Psychological Society]

The 1999a publication was used in:

Djuraskovic, I. and Arthur, N. (2009). The Acculturation of Former Yugoslavian Refugees. *Canadian Journal of Counselling / Revue canadienne de counseling* / Vol. 43:1, pp. 18-34 [University of Calgary].

The 1999b publication was used in:

Alayarian, A (2007). *Resilience, Suffering and Creativity: The Work of the Refugee Therapy Centre*. London: Karnac.

Williams, K. (2004). *A Qualitative study of refugee interpreters' experience of interpreting for refugees and asylum seekers in mental health contexts*. Doctorate of Clinical Psychology, School of Psychology: University of Leicester.

Nyutu, P. N. (2007). The development of the student counselling needs scale. Ph.D. Thesis. Faculty of Graduate School, University of Missouri- Columbia.

The 2009 publication is referenced in the following university libraries:

Adis Ababa University, Ethiopia

Association of International Physicians and Surgeons of Ontario, Canada

City University, London, UK

Dalhousie University, Canada

MacMaster University, Canada

Queen's University, Belfast, Ireland

University College London, Medical School, UK

University of Cape Town, South Africa

University of East Anglia, UK

University of Melbourne, Australia

University of Pretoria, South Africa

University of Toronto, Canada

The 2010 publication is stocked in the following libraries: In the UK it can be found at: The Tavistock and Portman NHS Trust Library and

The University of Essex. In the USA: The Appalachian State University Library- North Carolina, Santa Clara University- California, San Jose State University- California, University of Tennessee and William H. Hannon Library, Los Angeles- California. In Australia it can be found at the University of Melbourne, University of South Australia and The University of Technology, Sydney. It can also be found at The Chinese University of Hong Kong, The University of Macau, China and The Swiss Federal Institute of Technology, Zurich- Switzerland.

#### **1.4 Information on 'Psychotherapists and Counsellors for Social Responsibility'**



(1996). Free Associations, 6:125-128

Document: Psychotherapists and counsellors for social responsibility

In November 1995, a new organisation, Psychotherapists and Counsellors for Social Responsibility, was launched in the United Kingdom. The following is taken from its launch publicity.

#### **Group members:**

Moke Baker , Zack Eleftheriadou , Ken Evans , Heather Formaini , Paul Gordon , Jochen Lude , Katherine Murphy , Susie Orbach , Joanna Ryan , Judy Ryde , Andrew Samuels , John Schlapobersky and John Southgate .

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A new role for therapists in society? The launch of Psychotherapists and Counsellors for Social Responsibility. In *Psychodynamic Counselling*, 1996, Vol 2, Issue 2.



### **1.5 Examples of cross-cultural therapy objectives and guidelines**

Source: Eleftheriadou, Z. (1997b) Cultural Differences in the therapeutic process. In Horton, I. and Varma, V. *The Needs for Counsellors and Psychotherapists*. London: Sage, pp. 68-83.

Examples of objectives [pp.79-80; these have been shortened, see original source for detailed list]

- To undergo experiential training in order to understand one's worldview, including a sense of racial and cultural identity development (see Appendix 1.1).
- To understand social factors such as culture, gender, sexual orientation and class, as well as their interactive effect on the client's psycho-social thinking and behavior.

Examples of guidelines: (pp. 80-81)

- To engage in clinical work with clients from different cultures and facilitate the counselling process, taking into account their cultural milieu. Involvement in cross-cultural work has to be an emotional, behavioural and an intellectual one.
- Awareness of appropriateness of certain greetings, gestures, facial expressions and behaviours. To be able to generate these and receive them.
- To feel comfortable enough to introduce or challenge the client on cultural issues, and the meanings these have for the client. The therapist should feel comfortable to do this from the beginning, of the therapy, if necessary (Ridley, 1995; see Appendix 1.1).

## **1.6 Example of a Course outline (City University)**

### **Cross-Cultural Counselling and Psychotherapy**

**Tutor: Zack Eleftheriadou**

#### **Course aims:**

(a) to provide a general overview of the factors which contributed to the birth and expansion of the cross-cultural counselling field and examine whether it is required as a separate category.

(b) To explore the variety of emotional expression and behaviour patterns of different cultures, in order to examine the important question of what is culture-specific and what is universal.

- (c) To integrate research, theory and experiential work to create an effective framework for counselling culturally and racially different clients.
- (d) To review the field and to make recommendations for changes in current counselling practice.

**Session format:**

- (a) Lectures: formal presentation of theoretical concepts
- (b) Discussion: case studies, video scenes, published literature or cases students may have will be examined
- (c) Experiential work: students will be encouraged to reflect on their own experiences of race, culture and racism and how these influence their work.

**Lecture 1**

The effects of culture on counselling

**Lecture 2**

An examination of psychological theories and their influence on clinical work.

**Lecture 3**

Issues and barriers in cross-cultural counselling: meaning of concepts across cultures, manifestation of problems, normality/abnormality notions in different cultural contexts; stereotyping/ethnocentrism.

**Lectures 4 & 5**

- (a) Cross-cultural counselling in clinical practice: an examination of the 'skills' required to be a cross-culturally competent practitioner.
- (b) Case study discussion



**Lecture 6**

- (a) An examination to the background of the clients and common presenting problems
- (b) Case study discussion

**Lecture 7 & 9**

Case study discussion and supervision/ experiential work

**Lecture 10**

Critique of the term's concepts and technique, referral issues

Recent developments in the cross-cultural field: training, literature and cultural/inter-cultural centres